

Office of Professional Responsibility

Farmville Detention Center

Compliance Inspection 2025-001-039

December 17-19, 2024



U.S. Immigration
and Customs
Enforcement



U.S. Department of Homeland Security
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Office of Professional Responsibility
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**Office of Detention Oversight
Compliance Inspection
2025-001-039**

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

**Farmville Detention Center
Farmville, Virginia**

December 17-19, 2024


**COMPLIANCE INSPECTION
of the
FARMVILLE DETENTION CENTER**

Farmville, Virginia

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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 compliance inspection of the Farmville Detention Center (FDC), formerly known as Immigration Centers of America (Farmville) (ICA), in Farmville, Virginia, from December 17 to 19, 2024.^{1,2} The facility opened in 2010 and is now owned by Prince Edward County and operated by Abyon, LLC. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at FDC in 2010 under the oversight of ERO’s Field Office Director in Washington (ERO Washington). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

[REDACTED] A director of detention handles daily facility operations and manages [REDACTED] support personnel. Trinity Services provides food services, Sozo Healthcare provides medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in December 2016 and the American Correctional Association in August 2024. In January 2021, FDC was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA certified.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ³	[REDACTED]
Average ICE Population ⁴	[REDACTED]
Adult Male Population (as of December 17, 2024)	[REDACTED]
Adult Female Population (as of December 17, 2024)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 11 deficiencies in the following areas: Correspondence and Other Mail (2); Detainee Transfers (2); Detention Files (3); Staff-Detainee Communication (2); and Telephone Access (2).

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

² ODO received a notification memo, dated December 18, 2023, renaming ICA Farmville to Farmville Detention Center (FDA), effective January 1, 2024.

³ Data Source: ERO Custody Management Division Authorized Facility List as of December 16, 2024.

⁴ *Ibid.*

COMPLIANCE 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.⁵

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 their decision-making to better allocate resources across the agency’s entire detention inventory.

⁵ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES

PBNDs 2011 (Revised 2016) Standards Inspected ^{6,7}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	0
Transportation (by Land)	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Contraband	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Key and Lock Control	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Tool Control	0
Use of Force and Restraints	0
Sub-Total	0
Part 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Medical Care	12
Significant Self-harm and Suicide Prevention and Intervention	3
Terminal Illness, Advance Directives and Death	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	15
Part 5 - Activities	
Recreation	1
Visitation	1
Sub-Total	2

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

⁷ 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.

Part 6 - Justice	
Detainee Handbook	0
Grievance System	1
Legal Rights Group Presentations	0
Sub-Total	1
Part 7 - Administration and Management	
Interview and Tours	0
Staff Training	1
Sub-Total	1
Total Deficiencies	19

DETAINEE RELATIONS

ODO interviewed 34 detainees, who each voluntarily agreed to participate. ODO requested interviews with 13 additional detainees; however, all 13 detainees declined ODO's requests for an interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concern listed below.

Medical Care: One detainee stated he had peanut and red meat allergies. He informed FDC medical staff during the intake process and again during a medical follow-up, but as of December 17, 2024, he has not been placed on a medical diet for his allergies.

- Action Taken: ODO reviewed the detainee's detention and medical records, interviewed the FDC health service administrator (HSA), and found on September 24, 2024, during the intake screening, the detainee informed FDC staff of his peanut and red meat allergies, and staff annotated them on the intake screening form. On October 17, 2024, the FDC medical staff spoke to the detainee while conducting a medical follow-up. FDC staff reviewed and signed the intake screening form with the annotated allergies. The HSA informed ODO that medical staff missed the health history section containing the annotations of his allergies but would immediately place the detainee on a medical diet, restricting nuts and red meat. On December 17, 2024, the FDC medical department signed the diet order form and informed the food service administrator to immediately begin providing the detainee with a medical diet free of nuts and red meat products. On December 18, 2024, ODO verified with the detainee that he received a medical diet free of nuts and red meat. ODO cited this complaint as a deficiency under the *Medical Care* section of this report.

COMPLIANCE INSPECTION FINDINGS

CARE

MEDICAL CARE (MC)

ODO reviewed 25 detainee medical records and found in █ out of █ records, FDC medical staff did not report to the ICE Health Service Corps (IHSC) and the Public Health, Safety and

Preparedness Unit, all detainees diagnosed with a communicable disease of public health significance (**Deficiency MC-27**).⁸

ODO reviewed [REDACTED] detainee medical records and found in [REDACTED] out of [REDACTED] records, FDC medical staff did not report the [REDACTED] patients with suspected active tuberculosis (TB) to IHSC and the Public Health, Safety and Preparedness Unit within 1 working day of initial identification of suspected or confirmed TB (**Deficiency MC-35**).⁹

ODO reviewed the credential files of [REDACTED] health care staff and found in [REDACTED] out of [REDACTED] files, no verifiable license, certification, credential, nor registration in compliance with applicable state and federal requirements (**Deficiency MC-101**).¹⁰

ODO reviewed [REDACTED] medical records and found in [REDACTED] out of [REDACTED] records, an FDC qualified health care provider did not conduct mental health evaluations within 72 hours of mental health referrals during the intake process (**Deficiency MC-120**).¹¹ **This is a repeat deficiency.**

ODO interviewed the HSA and found FDC detention officers, not medical staff, served as chaperones during medical encounters and examinations (**Deficiency MC-136**).¹² **This is a repeat deficiency.**

ODO reviewed [REDACTED] medical records and found in [REDACTED] out of [REDACTED] records, the FDC clinical medical authority did not review the comprehensive health assessment to assess the priority for treatment of detainees (**Deficiency MC-140**).¹³

ODO reviewed the medical records of [REDACTED] detainees referred for mental health treatment and found in [REDACTED] out of [REDACTED] records, the detainees did not receive an evaluation by a qualified health care provider no later than 72 hours after the referral, or sooner if necessary (**Deficiency MC-150**).¹⁴ **This is a repeat deficiency and a priority component.**

⁸ “Designated medical staff shall report to the IHSC Public Health, Safety, and Preparedness Unit all detainees diagnosed with a communicable disease of public health significance.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(C)(1).

⁹ “For all patients with confirmed and suspected active tuberculosis, designated medical staff shall: ...

b. Report all detainees with suspected or confirmed TB to the ICE Health Service Corps (IHSC), Public Health, Safety, and Preparedness Unit within one working day of initial identification with suspected or confirmed TB disease.”

See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(C)(2)(b).

¹⁰ “All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(I).

¹¹ “Mental health evaluations must be conducted within the timeframes prescribed in “O. Mental Health Program” of this standard.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(J).

¹² “Only medical personnel may serve as chaperones during medical encounters and examinations.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(L).

¹³ “The CMA shall be responsible for review of all comprehensive health assessments to assess the priority for treatment.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(M).

¹⁴ “Based on intake screening, the comprehensive health assessment, medical documentation, or subsequent observations by detention staff or medical personnel, any detainee referred for mental health treatment shall receive an evaluation by a qualified health care provider no later than 72 hours after the referral, or sooner if necessary.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(O)(3).

ODO reviewed █ detainee medical records referred for mental health treatment and found deficiencies in █ out of █ records. Specifically, medical staff referred █ out of █ detainees, but the detainee never received an evaluation, and █ out of █ detainees were evaluated from 6 to 60 days after referral in 7 different instances (**Deficiency MC-156¹⁵**). **This is a repeat deficiency and a priority component.**

ODO reviewed █ medical records of detainees with prescribed psychotropic medications and found in █ out of █ records, no regular evaluation by a licensed and appropriate medical professional, at least once a month, to ensure proper treatment and dosage (**Deficiency MC-160¹⁶**).

ODO reviewed █ detainee medical records for detainees with prescribed psychotropic medications and found in █ out of █ records, no documented informed consent prior to the administration of psychotropic medication (**Deficiency MC-241¹⁷**). **This is a repeat deficiency.**

ODO reviewed the credential files of █ independently licensed medical professionals, and found in █ out of █ files, the HSA did not conduct an intra-organizational, external peer review (**Deficiency MC-291¹⁸**).

ODO reviewed █ peer reviews and found in █ out of █ reviews, no annual documentation of an intra-organizational, external peer review, since the licensed medical professional's employment on May 17, 2022 (**Deficiency MC-292¹⁹**).

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

ODO reviewed █ medical staff training records and found in █ out of █ records, no annual suicide prevention refresher training (**Deficiency SSHSPI-8²⁰**). **This is a priority component.**

ODO reviewed █ medical files of detainees placed on suicide watch and found in █ out of █ records, FDC documented monitoring between 16 and 41 minutes (**Deficiency SSHSPI-34²¹**). **This is a**

¹⁵ “Any detainee referred for mental health treatment shall receive an evaluation by a qualified health care provider no later than 72 hours after the referral, or sooner if necessary.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(O)(4).

¹⁶ “Any detainee prescribed psychiatric medications must be regularly evaluated by a duly licensed and appropriate medical professional, at least once a month, to ensure proper treatment and dosage.” See ICE PBNDS 2011(Revised 2016), Standard, Medical Care, Section (V)(O)(4).

¹⁷ “Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medication’s side effects, shall be obtained.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(AA)(4).

¹⁸ “The HSA shall implement an intra-organizational, external peer review program for all independently licensed medical professionals.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(EE)(3).

¹⁹ “Reviews shall be conducted at least annually.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(EE)(3).

²⁰ “All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training, during orientation and at least annually.” See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(A).

²¹ “The qualified mental health professional may place the detainee in a special isolation room designed for evaluation and treatment with continuous monitoring that must be documented every 15 minutes or more frequently if necessary.”

priority component.

ODO reviewed [redacted] medical records of detainees on suicide watch and found in [redacted] out of [redacted] records, clinical staff conducted welfare checks for [redacted] detainee 12 hours after the previous check on May 20, 2024, and the other detainee 11 hours after the previous check on July 23, 2024 (**Deficiency SSHSPI-35²²**). **This is a repeat deficiency.**

ACTIVITIES

RECREATION (R)

ODO reviewed FDC’s policy and procedures, interviewed the FDC compliance manager, and observed FDC did not provide detainees with an FM wireless headset for television viewing and access to appropriate language stations or choices (**Deficiency R-31²³**).

VISITATION (V)

ODO reviewed the facility’s legal visitation logbook, and found the logbook did not include a sign-in section for the supervising attorney’s name (**Deficiency V-99²⁴**).

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed the facility-specific detainee handbook and found the grievance section did not notify detainees of the procedures for contacting ERO Washington Field Office to appeal a decision (**Deficiency GS-16²⁵**).

ADMINISTRATION AND MANAGEMENT

STAFF TRAINING (ST)

ODO interviewed an FDC staff training coordinator and found, the FDC administrator did not contact ERO Washington Field Office for access to relevant DHS training resources, such as DHS

See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

²² “All suicidal detainees placed in an isolated confinement setting will receive continuous one-to-one monitoring, welfare checks at least every 8 hours conducted by clinical staff, and daily mental health treatment by a qualified clinician.” *See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).*

²³ “Detainees shall be provided FM wireless headsets for television viewing, with access to appropriate language stations or choices.” *See ICE PBNDS 2011 (Revised 2016), Standard, Recreation, Section (V)(D)(11).*

²⁴ “Log entries shall include the following information: ...

e. supervising attorney’s name (if applicable)”

See ICE PBNDS 2011 (Revised 2016), Standard, Visitation, Section (V)(J)(14)(e).

²⁵ “The facility shall provide each detainee, upon admittance, a copy of the detainee handbook and local supplement (see also standard “6.1 Detainee Handbook”), in which the grievance section provides notice of the following: ...

6. The procedures for contacting ICE/ERO to appeal a decision.”

See ICE PBNDS 2011 (Revised 2016), Standard, Grievance System, Section (V)(B)(6).

Office for Civil Rights and Civil Liberties training modules (**Deficiency ST-2**²⁶).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 27 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 21 of those standards. ODO found 19 deficiencies in the remaining 6 standards. Since FDC’s last rated inspection in December 2023, which was under ICE PBNDS 2011 (Errata 2013), the facility’s compliance has trended downward. FDC went from 5 deficient standards and 11 deficiencies in December 2023 to 6 deficient standards and 19 deficiencies during this most recent inspection under PBNDS 2011 (Revised 2016). ODO initially identified the 6 repeat deficiencies during FDC’s FY 2024 interim/follow-up inspection, where ODO first assessed FDC’s compliance against the PBNDS 2011 (Revised 2016). Most of the deficiencies from this inspection were in MC (12) and SSHSPI (3) during this most recent inspection. ODO found administrative deficiencies related to incomplete mental health evaluations, no welfare checks for detainees in a special isolation room within a prescribed time frame, no verifiable license for medical staff, and no reporting of communicable disease of public health significance to IHSC. ODO received the facility’s completed uniform corrective action plan for its last inspection in May 2024, but it may not have been effective in resolving the previous deficiencies ODO identified. ODO recommends ERO Washington continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2024 Full Inspection (PBNDS 2011) (Errata 2013)	FY 2025 Full Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	28	27
Deficient Standards	5	6
Overall Number of Deficiencies	11	19
Priority Component Deficiencies	0	4
Repeat Deficiencies	0	6
Areas Of Concern	1	0
Corrective Actions	0	0
Facility Rating	Acceptable/Adequate	Acceptable/Adequate

²⁶ “The facility administrator shall contact the local ICE/ERO Field Offices for access to relevant DHS training resources, such as DHS Office for Civil Rights and Civil Liberties training modules.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Staff Training, Section (V)(A).



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