

# Office of Professional Responsibility

## **Strafford County Corrections Inspection 2024-002-368**

September 10-12, 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

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**Office of Detention Oversight  
Follow-Up Compliance Inspection  
2024-002-368**

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

**Strafford County Corrections  
Dover, New Hampshire**

**September 10-12, 2024**

**FOLLOW-UP COMPLIANCE INSPECTION**  
**of the**  
**STRAFFORD COUNTY CORRECTIONS**  
Dover, New Hampshire

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## **FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS**

|            |  |                      |
|------------|--|----------------------|
| [REDACTED] | Team Lead                                    | ODO                  |
| [REDACTED] | Senior Inspections and Compliance Specialist | ODO                  |
| [REDACTED] | Inspections and Compliance Specialist        | ODO                  |
| [REDACTED] | Contractor                                   | Creative Corrections |
| [REDACTED] | Contractor                                   | Creative Corrections |
| [REDACTED] | Contractor                                   | Creative Corrections |
| [REDACTED] | Contractor                                   | Creative Corrections |



## **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.<sup>4</sup>

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

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<sup>4</sup> ODO reviews the facility's compliance with selected standards in their entirety.

## FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

| NDS 2019 Standards Inspected <sup>5,6</sup>                   | Deficiencies |
|---|--------------|
| <b>Part 1 - Safety</b>  |              |
| Environmental Health and Safety                               | 1            |
| <b>Sub-Total</b>  | <b>1</b>     |
| <b>Part 2 - Security</b>                                      |              |
| Admission and Release   | 1            |
| Custody Classification System                                 | 1            |
| Facility Security and Control                                 | 0            |
| Funds and Personal Property                                   | 0            |
| Use of Force and Restraints                                   | 0            |
| Special Management Units                                      | 1            |
| Staff-Detainee Communication                                  | 0            |
| <b>Sub-Total</b>  | <b>3</b>     |
| <b>Part 4 - Care</b>  |              |
| Food Service  | 0            |
| Hunger Strikes  | 0            |
| Medical Care  | 3            |
| Significant Self-Harm and Suicide Prevention and Intervention | 1            |
| <b>Sub-Total</b>  | <b>4</b>     |
| <b>Part 5 - Activities</b>                                    |              |
| Recreation  | 0            |
| Telephone Access  | 0            |
| <b>Sub-Total</b>  | <b>0</b>     |
| <b>Part 6 - Justice</b>                                       |              |
| Grievance System  | 0            |
| <b>Sub-Total</b>  | <b>0</b>     |
| <b>Part 7 - Administration and Management</b>                 |              |
| Detention Files   | 0            |
| <b>Sub-Total</b>  | <b>0</b>     |
| <b>Total Deficiencies</b>                                     | <b>8</b>     |

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

<sup>6</sup> 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 25 detainees, who each voluntarily agreed to participate. One detainee alleged verbal abuse by a staff member, which is detailed in this below. Most detainees reported satisfaction with facility services except for the concern listed below.

*Staff-Detainee Communication:* One female detainee stated an SCC corrections officer made a series of comments over her short hair and allegedly said, “You look like a man/boy. You like looking like a man. Why did you cut your hair like this?” The detainee said she felt discriminated because of her homosexuality, but she has not filed a grievance.

- Action Taken: ODO informed facility and ERO Boston leadership of the allegation and found no documented allegation after reviewing the SCC grievances and incident reports system. ERO Boston staff advised the detainee to submit a grievance or request to speak to a facility supervisor regarding the incident. On September 11, 2024, a facility administrator confirmed SCC supervisors educated facility staff on professional interactions and reminded them on the standards for appropriate staff-detainee communication and tolerance of others. At the request of ODO, SCC staff educated the detainee on how to submit grievances.

## FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

### SAFETY

#### ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO conducted an on-site inspection of the facility and observed the following deficiency:

- Missing floor tile in unit F, adjacent to the telephone area;
- Paint peeling off the wall in the telephone areas of units F and B;
- Wastepaper on the floor around the washing machine and adjacent to the telephones in unit H;
- Peeling paint and glue on the walls throughout the housing units F and B; and
- Peeling paint on the floors of the basketball court (**Deficiency EHS-58<sup>7</sup>**). **This is a repeat deficiency.**

### SECURITY

#### ADMISSION AND RELEASE (AR)

ODO reviewed the facility’s “Discharge” policy and five files of released detainees and found in five out of five files, the facility did not fingerprint the detainees prior to their release (**Deficiency**

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<sup>7</sup> “Environmental health conditions will be maintained at a level that meets recognized standards of hygiene.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I).



**AR-28<sup>8</sup>). This is a repeat deficiency.**

### **CUSTODY CLASSIFICATION SYSTEM (CCS)**

ODO reviewed the facility's detainee handbook, and found the handbook did not identify two classification levels, high and medium/high, nor did it provide an explanation nor conditions and restrictions applicable to each (**Deficiency CCS-30<sup>9</sup>**).

### **SPECIAL MANAGEMENT UNITS (SMU)**

ODO reviewed █ records of detainees in SMU during the inspection period and found in █ out of █ records, facility staff did not document if the detainees ate 202 out of 577 meals served (**Deficiency SMU-65<sup>10</sup>**).

## **CARE**

### **MEDICAL CARE (MC)**

ODO reviewed █ detainee medical records and found in █ out of █ records, detainees received their initial medical, dental, and mental health screenings 13 to 20 hours after arriving at the facility (**Deficiency MC-12<sup>11</sup>**). **This is a repeat deficiency and a priority component.**

ODO reviewed █ detainee medical records and found in █ out of █ records, facility medical staff completed the health assessment of the detainee on August 9, 2024, 17 days after the detainee's arrival (**Deficiency MC-27<sup>12</sup>**). **This is a priority component.**

ODO reviewed the facility's Oral Care policy and the medical record of one detainee housed at the facility for over 6 months and found medical staff did not place the detainee on a dental waiting (**Deficiency MC-47<sup>13</sup>**).

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<sup>8</sup> "Staff must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include completing and processing forms, closing files, fingerprinting, returning personal property, and reclaiming facility-issued clothing, bedding, etc." *See ICE NDS 2019, Standard, Admission and Release, Section (II)(J).*

<sup>9</sup> "The facility shall include a classification section in its detainee handbook which will include the following: ...

1. An explanation of the classification levels, with the conditions and restrictions applicable to each." *See ICE NDS 2019, Standard, Custody Classification System, Section (II)(H)(1).*

<sup>10</sup> "The special housing unit officer shall immediately record: ...

1) Whether the detainee ate, showered, recreated and took any medication." *See ICE NDS 2019, Standard, Special Management Units, Section (II)(D)(2)(a)(1).*

<sup>11</sup> "As soon as possible, but no later than 12 hours after arrival, do all detainees receive, by a health care practitioner or a specially trained detention officer, an initial medical, dental and mental health screening." *See ICE NDS 2019, Standard, Medical Care, Section (II)(D).*

<sup>12</sup> "The facility will conduct and document a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival at the facility." *See ICE NDS 2019, Standard, Medical Care, Section (II)(E).*

<sup>13</sup> "Routine dental treatment may be provided to detainees for whom dental treatment is inaccessible for prolonged periods because of detention for over six months." *See ICE NDS 2019, Standard, Medical Care, Section (II)(H)(2).*

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

ODO reviewed █ detainee medical records and found in █ out of █ records, detainees received their initial mental health screening 13 to 20 hours after their arrival to the facility (**Deficiency SSHSPI-5<sup>14</sup>**). **This is 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 10 of those standards. ODO found eight deficiencies in the remaining six standards. Since SCC’s last rated inspection in March 2024, the facility’s compliance has remained consistent. SCC went from 5 deficient standards and 8 deficiencies in March 2024 to 6 deficient standards and 8 deficiencies during this most recent follow up inspection, which includes 3 priority component deficiencies and 3 repeat deficiencies. SCC completed its UCAP for its last inspection in March 2024; however, the corrective actions did not prevent the repeat deficiencies found in EHS, AR, and MC. ODO recommends ERO Boston continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

| <b>Compliance Inspection Results Compared</b> | <b>FY 2024 Full Inspection (NDS 2019)</b> | <b>FY 2024 Follow-Up Inspection (NDS 2019)</b> |
|---|---|--|
| Standards Reviewed                            | 25  | 16   |
| Deficient Standards                           | 5   | 6  |
| Overall Number of Deficiencies                | 8   | 8  |
| Priority Component Deficiencies               | 1   | 3  |
| Repeat Deficiencies                           | 4   | 3  |
| Areas Of Concern                              | 1   | 0  |
| Corrective Actions                            | 0   | 0  |
| Facility Rating                               | Acceptable/Adequate                       | N/A  |

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<sup>14</sup> “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).



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