



**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 Miami Field Office  
Glades County Detention Center  
Moore Haven, FL

April 9-11, 2019

**COMPLIANCE INSPECTION  
of the  
GLADES COUNTY DETENTION CENTER  
Moore Haven, FL**

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**COMPLIANCE INSPECTION TEAM MEMBERS**

	Inspections and Compliance Specialist (Lead)	ODO
	Senior Inspections and Compliance Specialist	ODO
	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 compliance inspection of the Glades County Detention Center (GCDC) in Moore Haven, FL, from April 9 to 11, 2019.<sup>1</sup> The GCDC opened in June 2007 and is owned by the Glades County Development Corporation and operated by the Glades County Sheriff's Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at GCDC in July 2007, with oversight by the ERO Field Office Director (FOD) in Miami, FL. The facility operates under the National Detention Standards (NDS) 2000.

ERO Deportation Officers (DOs) and a Detention Services Manager (DSM) are assigned to the facility. A GCDC-employed Chief Deputy of Corrections is responsible for oversight of daily facility operations and is supported by █ personnel. The Glades County Sheriff's Office provides food services and Armor Correctional Health Services provides detainee medical care. The facility holds National Commission on Correctional Healthcare (NCCHC) accreditation.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	449
Average ICE Detainee Population <sup>3</sup>	402
Male Detainee Population (as of 04/09/2019)	330
Female Detainee Population (as of 04/09/2019)	71

ODO conducted its last inspection of the facility in 2015. During that inspection, ODO reviewed the facility for compliance with requirements of the NDS 2000. ODO found GCDC compliant with 13 standards. ODO found a total of five deficiencies in the remaining three standards: Food Service (1); Environmental Health and Safety (2); and Medical Care (2).

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

<sup>2</sup> Data Source: ERO Facility List as of April 15, 2019.

<sup>3</sup> *Ibid.*

## FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 STANDARDS INSPECTED <sup>4</sup>	DEFICIENCIES
<b>Part 1 – Detainee Services</b>	
Access to Legal Material	1
Admission and Release	2
Detainee Classification System	3
Detainee Grievance Procedures	0
Food Service	0
Funds and Personal Property	0
Recreation	0
Religious Practices	0
Staff-Detainee Communication	0
Telephone Access	1
Visitation	1
<b>Sub-Total</b>	<b>8</b>
<b>Part 2 – Security and Control</b>	
Environmental Health and Safety	0
Special Management Unit (Administrative Segregation)	2
Special Management Unit (Disciplinary Segregation)	0
Use of Force	2
<b>Sub-Total</b>	<b>4</b>
<b>Part 3 – Health Services</b>	
Medical Care	0
Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>Performance-Based National Detention Standards (PBNDS) 2011 Standard Inspected</b>	
Sexual Abuse and Assault Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>12</b>

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

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.<sup>5</sup> ODO identifies violations outlined in ICE detention standards, ICE policies, or operational procedures, as “deficiencies.” ODO also acknowledges instances where the facility resolves deficiencies prior to the completion of ODO’s inspection; 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 also 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. Additionally, ODO’s findings inform ICE executive management in order to aid in the decision-making processes to better allocate resources across the agency’s entire detention inventory.

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

## DETAINEE RELATIONS

ODO interviewed eighteen detainees to assess the conditions of confinement at GCDC. Interview participation was voluntary and none of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported being satisfied with facility services except for the concerns listed below.

*Medical Care:* The following detainees expressed concerns about medical care:

ODO interviewed one pregnant detainee to assess the medical care she was receiving. The detainee stated she recently saw an obstetrician but was not given her lab results. She also stated that the facility served her peanut butter, but she is allergic to it.

- Action Taken: ODO reviewed the detainee's medical record and determined she was receiving medical care in accordance with the standard. The detainee arrived at the facility on March 29, 2019 and was seen by the facility's medical doctor and an outside consultant obstetrician specialist on March 31, 2019. She was prescribed pre-natal vitamins, assigned a high caloric diet, and placed in the chronic care program. On March 31, 2019, an ultrasound examination was conducted, and laboratory samples were collected. The facility received the results of both on April 2, 2019, and a doctor discussed the results with the detainee on April 12, 2019. ODO confirmed her next obstetrician visit was scheduled to take place on April 15, 2019. Regarding her peanut butter allergy complaint, ODO reviewed the detainee's medical file and discussed the issue with the food service department but found no documentation on file indicating she was allergic to peanut butter. Nonetheless, on April 10, 2019, a medical note was placed in her medical file and a food service request was processed for her not to receive peanut butter products. ODO confirmed that on April 10, 2019, the detainee was no longer being served peanut butter sandwiches or any other related products as part of her meals and daily snacks.

ODO interviewed one detainee who stated she believed she was receiving inadequate medical care for her diabetes and mental health.

- Action Taken: ODO reviewed the detainee's medical record and determined she was diagnosed with diabetes, prescribed medication to treat it, and enrolled in the chronic care clinic. As a patient in the chronic care clinic, the detainee is seen by a physician at least once every three months. A physician saw the detainee in the chronic care clinic on January 14, 2019, and March 25, 2019. ODO also confirmed the detainee had a pending chronic care appointment scheduled for May 8, 2019. Regarding the detainee's mental health, ODO determined she was receiving off-site treatment at the Abuse Counseling and Treatment Center, a free non-profit organization, which is better able to meet her specific counseling needs than the facility.

One detainee stated she received untimely dental care for a painful wisdom tooth.

- Action Taken: ODO reviewed the detainee's medical record and determined she was seen by medical staff on March 30, 2019 and given a dental referral. ODO reviewed

the dental appointment list and saw she was number 10 on the list, which, according to the Health Services Administrator (HSA), meant she would be seen in approximately two weeks. Facility medical staff spoke to the detainee on April 10, 2019, to inform her of the expected wait time.

# COMPLIANCE INSPECTION FINDINGS

## DETAINEE SERVICES

### ACCESS TO LEGAL MATERIAL (ALM)

ODO found that although the facility handbook informs detainees that a law library is available for their use and includes rules and procedures governing access to legal materials, the facility handbook does not include the procedure for requesting legal reference materials not maintained in the law library (**Deficiency ALM-1<sup>6</sup>**).

### ADMISSION AND RELEASE (A&R)

ODO found no documentation that the facility's orientation procedures were approved by the ERO FOD (**Deficiency A&R-1<sup>7</sup>**).

- *Corrective Action:* Prior to the completion of the inspection, ERO reviewed and approved the facility's orientation procedures (**C-1**).

ODO found no documentation that the facility's release procedures were reviewed and approved by the ERO FOD (**Deficiency A&R-2<sup>8</sup>**).

- *Corrective Action:* Prior to the completion of the inspection, ERO reviewed and approved the facility's release procedures (**C-2**).

### DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO reviewed 30 detainee detention files and verified all detainees at GCDC are classified by ERO personnel based out of the Krome North Service Processing Center (KNSPC). Although the NDS outlines three classification levels—level one (low), level two (medium), and level three (high)—KNSPC classifies the detainees in accordance with the ICE PBNDS 2011, as revised in 2016, which outlines four classification levels: low; medium-low (non-violent); medium-high (history of violence); and high.

ODO found that GCDC generally only receives a Record of Persons Transferred (Form I-216) and/or a completed Risk Classification Assessment (RCA) for the detainees it receives, neither of which provide sufficient detail on a detainee's criminal history for GCDC to make an informed

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<sup>6</sup> "The detainee handbook or equivalent, shall provide detainees with the rules and procedures governing access to legal materials, including the following information: the procedure for requesting legal reference materials not maintained in the library." See ICE NDS 2000, Standard, Access to Legal Material, Section (III)(Q)(5).

<sup>7</sup> "All facilities shall have a medium to provide INS detainees an orientation to the facility. In IGSA's, the INS office of jurisdiction shall approve all orientation procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J).

<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 and fingerprinting; returning personal property; and reclaiming facility-issued clothing, bedding, etc. INS will approve the IGSA release procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J).



determination on the appropriate housing level for medium-low and medium-high detainees (**Deficiency DCS-1**<sup>9</sup>). As a result, for purposes of housing, GCDC classifies all medium-low and medium-high detainees as level two (medium), and GCDC's standard practice is to house level two (medium) and level three (high) detainees together (**Deficiency DCS-2**<sup>10</sup>). ODO found four instances in which detainees with non-violent criminal history, who were classified as medium-low by KNSPC, were housed with detainees with a violent criminal history. ODO also found one instance in which a medium-low female detainee with a non-violent criminal history was housed with a medium-high detainee with a violent criminal history.

ODO reviewed the files of five detainees that were housed at the facility for more than 90 days. Three of the five detainees had been placed in the special management unit (SMU) for various reasons. ODO determined none of the three detainees were reclassified upon release from the SMU (**Deficiency DCS-3**<sup>11</sup>).

### TELEPHONE ACCESS (TA)

Telephone procedures, policies, and information pertaining to the monitoring of telephone calls is contained in the GCDC local supplement to the detainee handbook and also posted in all detainee housing units. However, the procedure for obtaining an unmonitored call was not posted by each telephone in the housing units (**Deficiency TA-1**<sup>12</sup>).

ODO noted two **Areas of Concern** with respect to telephone access: 1) posted telephone listings for the U.S. Department of Homeland Security (DHS) Office of Inspector General (OIG), OPR Joint Intake Center (JIC), and consulate numbers were not up-to-date; and 2) at the time of the inspection, the facility could not provide a staff member that knew how to work the facility's teletypewriter (TTY) device.

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<sup>9</sup> "All detainees are classified upon arrival, before being admitted into the general population. ICE will provide CDFs and IGSA facilities with the data they need from each detainee's file to complete the classification process." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(A)(1).

<sup>10</sup>

When it is necessary to house detainees of different classification levels the following guidelines shall be followed:

<sup>11</sup> "All facility classification systems shall ensure that a detainee may be reclassified anytime and the classification level redetermined." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(G).

<sup>12</sup> "The facility shall have a written policy on the monitoring of detainee telephone calls. If telephone calls are monitored, the facility shall notify detainees in the detainee handbook or equivalent provided upon admission. It shall also place a notice at each monitored telephone stating:... 2. the procedure for obtaining an unmonitored call to a court, legal representative, or for the purposes of obtaining legal representation." See ICE NDS 2000, Standard, Telephone Access, Section (III)(K)(2).

## VISITATION (V)

ODO found that all housing units had postings of the U.S. Executive Office of Immigration Review (EOIR) pro bono legal organizations list; however, the posted lists were last updated in April 2017 (**Deficiency V-1**<sup>13</sup>).

## SECURITY AND CONTROL

### ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO notes as an **Area of Concern** that the number of showers, washbasins, and toilets in each housing unit does not meet American Correctional Association (ACA) standards.<sup>14</sup> ODO observed the male general population units had populations of [REDACTED], respectively, and each unit has six showers, six washbasins, and six toilets. The ACA standards require a ratio of one shower/washbasin/toilet to every 12 male detainees. The two female housing units have capacities of [REDACTED], respectively, but each unit only has four toilets. The ACA standards require a ratio of one toilet to every eight female detainees.

### SPECIAL MANAGEMENT UNIT (ADMINISTRATIVE SEGREGATION) (SMU-AS)

ODO's review of SMU documentation provided by senior facility staff found there were 205 detainees placed in Administrative Segregation (AS) during the year preceding the inspection. The majority were housed there pending a disciplinary hearing and subsequently placed in Disciplinary Segregation (DS). Although GCDC policy covers the use and issuance of an AS order, and although GCDC prepares AS orders at the time a detainee is admitted to SMU, the orders are not provided to the detainee (**Deficiency SMU-AS-1**<sup>15</sup>).

ODO's review of SMU-AS policy confirmed GCDC requires regular reviews of detainees assigned to AS in accordance with the standard; however, ODO's review of documentation found no record of 72-hour reviews being conducted by a facility supervisor (**Deficiency SMU-AS-2**<sup>16</sup>).

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<sup>13</sup> "INS shall provide the facility with the official list of *pro bono* legal organizations, which is updated quarterly by the Executive Office for Immigration Review. The facility shall promptly and prominently post the current list in detainee housing units and other appropriate areas." See ICE NDS 2000, Standard, Visitation, Section (III)(I)(14).

<sup>14</sup> "Environmental health conditions will be maintained at a level that meets recognized standards of hygiene. The standards include those from the American Correctional Association..." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(R)(1).

ACA Expected Practice 4-ALDF-4B requires that toilets be provided at a minimum of one for every 12 male detainees or one for every 8 female detainees. For males, urinals may be substituted for up to one-half of the toilets. All housing units with three or more detainees must have at least two toilets.

<sup>15</sup> "A written order shall be completed and approved by a supervisory officer before a detainee is placed in administrative segregation, except when exigent circumstances make this impracticable. In such cases, an order shall be prepared as soon as possible. A copy of the order shall be given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or orderly operation of the facility." See ICE NDS 2000, Standard, Special Management Unit (Administrative Segregation), Section (III)(B).

<sup>16</sup> "All facilities shall implement written procedures for the regular review of all administrative-detention cases, consistent with the procedures specified below. A supervisory officer shall conduct a review within 72 hours of the detainee's placement in administrative segregation to determine whether segregation is still warranted. The review

## USE OF FORCE (UOF)

ODO interviewed senior facility staff, reviewed use of force documentation, and determined GCDC had 66 use of force incidents involving detainees during the year preceding the inspection; two were calculated and 64 were immediate. ODO's review of the audio-visual recordings of the calculated use of force incidents confirmed the Emergency Response Team (ERT) leader was on the scene of each; however, [REDACTED] teams were not consistently used and the team members were not clothed in full protective gear (**Deficiency UOF-1**<sup>17</sup>). Specifically, in one of the calculated use of force cases reviewed, [REDACTED] members of the [REDACTED] were fully suited in protective gear while [REDACTED] were partially suited in protective gear with only [REDACTED] and a [REDACTED]. The other calculated use of force incident involved a [REDACTED], with all members wearing only [REDACTED] and a [REDACTED].

The video recordings for both calculated use of force incidents did not contain an introduction by the team leader with a description of the incident, did not show close-ups of the detainee's body during the medical exam, and did not include a debriefing (**Deficiency UOF-2**<sup>18</sup>).

## HEALTH SERVICES

### SUICIDE PREVENTION AND INTERVENTION (SP&I)

ODO identified as a **Best Practice** that mental health care is provided by a mid-level practitioner who specializes in mental health and a Licensed Clinical Social Worker responsible for the facility's suicide prevention and intervention program. Detainees are screened by nursing staff for suicide risk during their intake screening and again during their initial health appraisal. During the mental health screening, detainees are given a patient information sheet entitled "Keeping Watch," which provides information regarding warning signs, available counseling, and other medical interventions. This informational handout is also posted throughout the facility.

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shall include an interview with the detainee. A written record shall be made of the decision and the justification." *See* ICE NDS 2000, Standard, Special Management Unit (Administrative Segregation), Section (III)(C).

<sup>17</sup> "When a detainee must be forcibly moved and/or restrained during a calculated use of force, the use-of force team technique shall apply. [REDACTED]

*See* ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4)(a).

<sup>18</sup> "The calculated use-of-force videotape will be edited as follows: 1. Introduction by Team Leader, stating facility name, location, time, date, etc.; describing the incident that led to the calculated use of force; and naming the video camera operator and other staff present. 2. Faces of all team members briefly appear [REDACTED], one at a time, identified by name and title. ...5. Close-ups of detainee's body during medical exam, focusing on the presence/absence of injuries; staff injuries, if any, described but not shown. ...6. Debriefing, including full discussion/analysis/assessment of incident." *See* ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4)(g)(1,2,5,6).

## CONCLUSION

During this inspection, ODO reviewed the facility's compliance with 17 of the ICE NDS 2000 standards, as well as one standard from the PBNDS 2011. ODO identified 12 deficiencies in seven standards. ODO noted many of the deficiencies resulted from a lack of adequate documentation, such as the absence of proper postings in housing units and a lack of policy approval from ERO in GCDC's Admission and Release program. ODO has identified the latter issue during many facility inspections and recommends ERO approve all facility policies requiring ERO approval.

ODO recommends ERO and GCDC revisit the facility's classification system. Specifically, although all detainees arrive at the facility pre-classified as low, medium-low, medium-high, or high based on the RCA score found in detainees' Records of Persons Transferred (Form I-216), the facility does not comply with the agency-wide classification requirement that non-violent (low or medium-low) detainees not be housed with violent (medium-high or high) detainees. ERO and the facility should reassess the housing configuration in all units to better align with ICE classification requirements.

ODO commends ERO for their responsiveness during this inspection and notes there were two instances in which ERO initiated corrective action during the inspection by reviewing and approving the facility admission and release procedures. ODO also notes as a **Best Practice** the facility's distribution of the "Keeping Watch" patient information sheet for suicide prevention. ODO recommends ERO work with the facility to remedy any outstanding deficiencies, in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2015 (NDS 2000)	FY 2019 (NDS 2000 and PBNDS 2011)
Standards Reviewed	16	18
Deficient Standards	3	7
Overall Number of Deficiencies	5	12
Corrective Actions	0	2