



**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  
Compliance Inspection  
2023-001-072**

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

**Wyatt Detention Center  
Central Falls, Rhode Island**



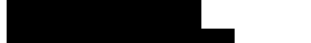
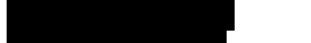
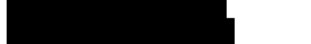


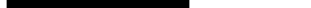
**March 21-23, 2023**

**COMPLIANCE INSPECTION  
of the  
WYATT DETENTION CENTER  
Central Falls, Rhode Island**

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## COMPLIANCE INSPECTION TEAM MEMBERS

	Acting Team Lead	ODO
	Senior 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

## 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 Wyatt Detention Center (WDC) in Central Falls, Rhode Island, from March 21 to 23, 2023.<sup>1</sup> The facility opened in 1993 and is owned and operated by the Central Falls Detention Facility Corporation. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at WDC in 2019 under the oversight of ERO's Field Office Director in Boston (ERO Boston). ICE is an authorized user of this facility under a United States Marshals Service intergovernmental agreement contract, which does not specify an ICE National Detention Standard (NDS), and ODO inspected to the NDS listed on the ERO Facility List as of March 20, 2023. WDC was inspected against the NDS 2019, and ODO's assigned rating is for ERO's informational purposes only.

ERO has deportation officers assigned to [REDACTED] to the facility, and they are on-site [REDACTED]. [REDACTED] A warden handles daily facility operations and manages [REDACTED] support personnel. Aramark Correctional Services provides food and commissary services, and WDC staff provides medical care at the facility. The facility was accredited by the American Correctional Association in April 2021.

Capacity and Population Statistics	Quantity
ICE Bed Capacity <sup>2</sup>	225
Average ICE Population <sup>3</sup>	60
Adult Male Population (as of March 21, 2023)	56
Adult Female Population (as of March 21, 2023)	N/A

During its last full inspection, in Fiscal Year (FY) 2022, ODO found six deficiencies in the following areas: Medical Care (4); Post Orders (1); and Searches of Detainees (1).

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<sup>1</sup> This facility holds male 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 March 20, 2023.

<sup>3</sup> *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. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.<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.

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.

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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	0
Transportation (by Land)	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	1
Use of Force and Restraints	0
Special Management Unit	0
Sexual Abuse and Assault Prevention and Intervention	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 3 - Order</b>	
Disciplinary System	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 4 - Care</b>	
Food Service	0
Medical Care	3
Significant Self-Harm and Suicide Prevention and Intervention	3
Terminal Illness and Death	0
Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>6</b>
<b>Part 5 - Activities</b>	
Correspondence and Other Mail	0
Recreation	0
Visitation	4
<b>Sub-Total</b>	<b>4</b>
<b>Part 6 - Justice</b>	
Detainee Handbook	1
<b>Sub-Total</b>	<b>1</b>
<b>Total Deficiencies</b>	<b>12</b>

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

<sup>6</sup> Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

## DETAINEE RELATIONS

ODO interviewed 22 detainees, who each voluntarily agreed to participate. The remaining 34 detainees declined ODO's request for an interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services.

## COMPLIANCE INSPECTION FINDINGS

### SECURITY

#### HOLD ROOMS IN DETENTION FACILITIES (HRDF)

ODO interviewed a WDC intake officer and found no documented recording of meals provided to detainees in hold rooms (**Deficiency HRDF-36**<sup>7</sup>).

*Corrective Action:* Prior to the completion of the inspection the facility initiated corrective action. On March 22, 2023, a WDC compliance captain created a log for meals provided to ICE detainees. The compliance captain emailed facility staff on the first and second intake shifts of the added step to the intake process. On March 22, 2023, ODO observed the new meal log in the intake area (**C-1**).

### CARE

#### MEDICAL CARE (MC)

ODO reviewed [REDACTED] health care staff credential files and found in [REDACTED] files, no valid professional licensure nor certification for the jurisdiction in which the health care provider practiced and performed duties. Specifically, the license for a licensed practical nurse expired on March 1, 2023 (**Deficiency MC-11**<sup>8</sup>). **This is a priority component.**

*Corrective Action:* Prior to the completion of the inspection the facility initiated partial corrective action. On March 23, 2023, the WDC health service administrator (HSA) provided ODO with the renewed credentials for [REDACTED], but the facility has not implemented a process to prevent future recurrence of this deficiency (**C-2**).

ODO reviewed 25 detainee medical records and found in 1 out of 25 records, a detainee received a medical, dental, and mental health screening 41 hours after arrival to WDC, instead of within 12

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<sup>7</sup> "The facility will record when food is provided." See ICE NDS 2019, Standard, Hold Rooms in Detention Facilities, Section (II)(D)(3).

<sup>8</sup> "Health care staff shall have a valid professional licensure and/or certification for the jurisdiction in which they practice and will perform duties within the scope of their clinical license." See ICE NDS 2019, Standard, Medical Care, Section (II)(C).

hours (**Deficiency MC-12<sup>9</sup>**). **This is a repeat deficiency and a priority component.**

ODO reviewed 25 detainee medical records and found in 1 out of 25 records, WDC conducted and documented a comprehensive health assessment 16 days after the detainee's arrival to WDC, instead of within 14 days (**Deficiency MC-27<sup>10</sup>**). **This is a repeat deficiency and is a priority component.**

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

ODO reviewed 25 detainee medical records and found in 1 out of 25 records, a detainee received an initial mental health screening 41 hours after arrival to WDC, instead of within 12 hours (**Deficiency SSHSPI-5<sup>11</sup>**). **This is a priority component.**

ODO observed the WDC suicide-resistant cell and found the cell had an open grab bar attached to a wall of the cell, a possible aid for a suicide attempt. (**Deficiency SSHSPI-20<sup>12</sup>**). **This is a priority component.**

*Corrective Action:* Prior to the completion of the inspection the facility initiated corrective action. On March 23, 2023, the warden instructed the maintenance foreman to remove the grab bar from the suicide-resistant cell. The WDC compliance captain emailed the HSA to assure compliance of the observation rooms with the SSHSPI standard. ODO observed the grab bar had been removed from the cell (**C-3**).

ODO reviewed 2 medical records of detainees placed on constant suicide watch status and found a WDC mental health provider performed welfare checks once every 12 hours instead of every 8 hours (**Deficiency SSHSPI-22<sup>13</sup>**).

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<sup>9</sup> “As soon as possible, but no later than 12 hours after arrival, all detainees shall receive, by a health care practitioner or a specially trained detention officer, an initial medical, dental and mental health screening and be asked for information regarding any known acute, emergent, or pertinent past or chronic medical conditions, including history of mental illness, particularly prior suicide attempts or current suicidal/homicidal ideation or intent, and any disabilities or impairments affecting major life activities.” See ICE NDS 2019, Standard, Medical Care, Section (II)(D).

<sup>10</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>11</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).

<sup>12</sup> “A mental health provider may place a detainee in a suicide-resistant cell with constant monitoring (one-to-one). A suicide-resistant cell must be free of objects and structural elements that could facilitate a suicide attempt and must be approved by a health care practitioner.” See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(F).

<sup>13</sup> “A mental health provider will perform welfare checks every 8 hours.” See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(F).



## ACTIVITIES

### VISITATION (V)

ODO interviewed the WDC visitation supervisor, reviewed the facility-specific detainee handbook, and found no inclusion of the visitation rules and hours (**Deficiency V-2**<sup>14</sup>).

*Corrective Action:* Prior to the completion of the inspection the facility initiated corrective action. On March 23, 2023, the WDC compliance captain ensured all new facility detainee handbooks include the visitation rules and hours. On the same day, the WDC unit counselor conducted a town hall meeting in the detainee housing unit and advised all detainees the facility added current visitation rules and hours to the detainee handbook. Additionally, ODO observed new copies of the detainee handbook and confirmed the addition of visitation rules and hours and placement of the updated copies in the housing unit (**C-4**).

ODO interviewed the WDC visitation supervisor, observed WDC's public visitation room, and found no posting of the rules and hours for all categories of visitation (**Deficiency V-6**<sup>15</sup>).

*Corrective Action:* Prior to the completion of the inspection the facility initiated corrective action. On March 23, 2023, the WDC compliance captain validated the rules and hours for all categories of visitation and posted them in the public visitation room. Furthermore, the compliance captain informed all WDC staff via email, and ODO confirmed posting of the rules and hours in the public visitation room (**C-5**).

ODO interviewed the WDC visitation supervisor, observed WDC legal visitation rooms, and found no posted rules and hours for legal visitation (**Deficiency V-35**<sup>16</sup>).

*Corrective Action:* Prior to the completion of the inspection the facility initiated corrective action. On March 23, 2023, the WDC compliance captain ensured posting of the rules and hours for legal visitation in the legal visitation rooms. On the same day, the WDC compliance captain emailed all staff to ensure the rules and hours remained posted in the legal visitation rooms, and ODO confirmed the posting (**C-6**).

ODO toured the WDC detainee housing unit, observed detainee housing unit postings, and found no posted current pro bono list (**Deficiency V-69**<sup>17</sup>).

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<sup>14</sup> "The facility handbook shall include visitation rules and hours." See ICE NDS 2019, Standard, Visitation, Section (II)(B).

<sup>15</sup> "A live voice or recording shall provide telephone callers the rules and hours for all categories of visitation. The same information will be available in the public visitation room." See ICE NDS 2019, Standard, Visitation, Section (II)(B).

<sup>16</sup> "The facility shall provide notification of the rules and hours for legal visitation and post the rules prominently in the visiting room." See ICE NDS 2019, Standard, Visitation, Section (II)(G)(2).

<sup>17</sup> "The facility shall post the current list in detainee housing units and other appropriate areas." See ICE NDS 2019, Standard, Visitation, Section (II)(G)(13).

*Corrective Action:* Prior to the completion of the inspection the facility initiated corrective action. On March 23, 2023, the WDC compliance captain confirmed staff posted the pro bono list in the detainee housing unit. On the same day, the WDC compliance captain emailed all staff to ensure the pro bono list remained posted in the detainee housing unit, and ODO confirmed the posting (C-7).

## **JUSTICE**

### **DETAINEE HANDBOOK (DH)**

ODO interviewed the WDC classification manager, reviewed 25 detainee detention files, and found in 25 out of 25 files, no documentation of detainees acknowledging receipt of the ICE National Detainee Handbook (**Deficiency DH-9<sup>18</sup>**). **This is a priority component.**

*Corrective Action:* Prior to the completion of the inspection the facility initiated corrective action. On March 23, 2023, the acting warden approved and implemented a policy change for intake staff to maintain on record a detainee’s acknowledgment for receipt of the ICE National Detainee Handbook. On the same day, the WDC compliance captain notified all staff of the changes by email (C-8).

## **CONCLUSION**

During this inspection, ODO assessed the facility’s compliance with 19 standards under NDS 2019 and found the facility in compliance with 15 of those standards. ODO found 12 deficiencies in the remaining 4 standards. Since WDC’s last full compliance inspection in November 2021, the facility’s overall compliance with ICE NDS 2019 has trended down. WDC went from 3 deficient standards and 6 deficiencies in November 2021 to 5 deficient standards and 12 deficiencies during this most recent full inspection, which included 2 repeat deficiencies for detainees not receiving a medical, dental, and mental health screening within 12 hours after arriving to WDC, and for no documented, comprehensive health assessment within 14 days after arrival. ODO did not review the Visitation nor Detainee Handbook standards during the last full inspection as they were not FY 2022 core standards, and these accounted for 5 out of 12 deficiencies during this most recent inspection. ERO provided ODO with a completed uniform corrective action plan (UCAP) for the full inspection in November 2021 and for the follow-up inspection in May 2022, but the UCAPs appear to be insufficient in preventing further recurrence of all previously documented deficiencies as ODO identified two repeat deficiencies. ODO recommends ERO Boston continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

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<sup>18</sup> “The facility will document and maintain a detainee acknowledgement of receipt of the ICE National Detainee Handbook and facility handbook.” See ICE NDS 2019, Standard, Detainee Handbook, Section (II)(F).

<b>Compliance Inspection Results Compared</b>	<b>FY 2022 Full Inspection (NDS 2019)</b>	<b>FY 2023 Full Inspection (NDS 2019)</b>
Standards Reviewed	19	19
Deficient Standards	3	5
Overall Number of Deficiencies	6	12
Priority Component Deficiencies	N/A	6
Repeat Deficiencies	1	2
Areas Of Concern	0	0
Corrective Actions	0	8
Facility Rating	Superior	Acceptable