



**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  
Compliance Inspection**

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

**Collier County Naples Jail Center  
Naples, Florida**

**August 30-September 1, 2022**

**COMPLIANCE INSPECTION**  
**of the**  
**COLLIER COUNTY NAPLES JAIL CENTER**  
Naples, Florida

**TABLE OF CONTENTS**

<b>FACILITY OVERVIEW .....</b>	<b>4</b>
<b>COMPLIANCE INSPECTION PROCESS .....</b>	<b>5</b>
<b>FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES.....</b>	<b>6</b>
<b>DETAINEE RELATIONS.....</b>	<b>7</b>
<b>COMPLIANCE INSPECTION FINDINGS .....</b>	<b>7</b>
<b>SAFETY.....</b>	<b>7</b>
Environmental Health and Safety .....	7
<b>SECURITY .....</b>	<b>7</b>
Admission and Release.....	7
Post Orders.....	7
Use of Force and Restraints .....	8
Special Management Unit.....	9
Sexual Abuse and Assault Prevention and Intervention.....	9
<b>CARE .....</b>	<b>9</b>
Food Service .....	11
Personal Hygiene .....	11
<b>CONCLUSION .....</b>	<b>12</b>

## COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead  
Inspections and Compliance Specialist  
Inspections and Compliance Specialist  
Contractor  
Contractor

ODO  
ODO  
ODO  
Creative Corrections  
Creative Corrections

## FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a special review compliance inspection of the Collier County Naples Jail Center (CCNJC) in Naples, Florida, from August 30 to September 1, 2022.<sup>1</sup> The facility opened in 1985 and is owned by Collier County and operated by the Collier County Sheriff’s Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at CCNJC in 2007 under the oversight of ERO’s Field Office Director in Miami (ERO Miami). The facility operates under the National Detention Standards (NDS) 2019.

ERO has no staff assigned to the facility. A CCNJC facility administrator handles daily facility operations and manages [REDACTED] support personnel. Summit Food Services provides food services, Armor Correctional Health Services, Inc. provides medical care, and Oasis Commissary provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in March 2021.

Capacity and Population Statistics	Quantity
ICE Bed Capacity <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of August 30, 2022)	[REDACTED]
Adult Female Population (as of August 30, 2022)	[REDACTED]

This was ODO’s first compliance inspection of CCNJC.

<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 August 29, 2022.

<sup>3</sup> *Ibid.* CCNJC’s FY 2021 average daily population was three, which is why ODO conducted as special review (focused) inspection of CCNJC.

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) greater than 10, and where detainees are housed for longer than 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 also highlights instances in which 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.

Beginning fiscal year (FY) 2022, ODO will conduct focused reviews of under 72-hour ICE detention facilities with an ADP of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1-9 detainees. Additionally, ODO will conduct unannounced inspections of ICE detention facilities, regardless of ADP of detainees, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facility inspections will result in an ODO Inspection Compliance Rating. ODO will conduct a complete review of several core standards, in accordance with the facility’s new contractually required ICE National Detention Standards, which include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Special Management Units, Educational Policy (FRS only), Behavior Management (FRS only), Admission and Release, Classification, and Funds and Personal Property.

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

---

<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>5,6,7</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Environmental Health and Safety	2
<b>Sub-Total</b>	<b>2</b>
<b>Part 2 - Security</b>	
Admission and Release <sup>8</sup>	1
Post Orders	4
Use of Force and Restraints	4
Special Management Units	4
Sexual Abuse and Assault Prevention and Intervention	13
<b>Sub-Total</b>	<b>26</b>
<b>Part 4 - Care</b>	
Food Service	2
Hunger Strikes	0
Medical Care	0
Personal Hygiene	2
Significant Self-Harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>4</b>
<b>Total Deficiencies</b>	<b>32</b>

<sup>5</sup> For greater detail on ODO's findings, see the *Unannounced 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.

<sup>7</sup> Special reviews and unannounced inspections are both focused reviews, and ODO will review a facility's compliance with at least 10 individual standards during each special review or unannounced inspection.

<sup>8</sup> The deficiency cited under the Admission and Release standard was identified while performing detainee interviews, and the Admission and Release standard was not reviewed in its entirety.

## DETAINEE RELATIONS

ODO interviewed two detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Both detainees reported satisfaction with facility services.

## COMPLIANCE INSPECTION FINDINGS

### SAFETY

#### ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed CCNJC policy, interviewed the acting safety manager, and found the facility's written hazardous communication program did not outline required training for employees (**Deficiency EHS-1<sup>9</sup>**).

ODO reviewed CCNJC's emergency evacuation plan, interviewed facility staff, and found the facility's emergency evacuation plan did not include evacuation procedures for detainees with disabilities (**Deficiency EHS-25<sup>10</sup>**).

### SECURITY

#### ADMISSION AND RELEASE (AR)

ODO interviewed two detainees and facility staff and found the facility did not issue the ICE National Detainee Handbook to detainees (**Deficiency AR-26<sup>11</sup>**).

#### POST ORDERS (PO)

ODO reviewed CCNJC's PO for armed and perimeter-access posts and found:

- No description nor explanation on the proper care and safe handling of firearms nor the circumstances and conditions for authorized use of firearms (**Deficiency PO-10<sup>12</sup>**);
- No statement on staff to consider any staff member taken hostage to be under duress

---

<sup>9</sup> "In accordance with OSHA 29 CFR 1910.1200, Hazard Communication, each facility utilizing hazardous chemicals shall create a written hazardous communication program that outlines proper chemical labeling, providing Safety Data Sheets (SDS), and training for employees." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

<sup>10</sup> "Plans will include procedures for detainees with disabilities to ensure their safety and security during the facility response." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(B).

<sup>11</sup> "Upon admission, every detainee will receive an ICE/ERO National Detainee Handbook and a facility handbook." See ICE NDS 2019, Standard, Admissions and Release, Section (II)(I).

<sup>12</sup> "Post orders for armed and perimeter-access post assignments will, among other things, describe and explain:

1. The proper care and safe handling of firearms; and
2. Circumstances and conditions when use of firearms is authorized."

See ICE NDS 2019, Standard, Post Orders, Section (II)(D)(1-2).

- **(Deficiency PO-11<sup>13</sup>); and**
- No statement to disregard any order issued by a staff member taken hostage **(Deficiency PO-12<sup>14</sup>).**

ODO reviewed CCNJC’s PO for armed posts and found the PO did not include specific instructions for escape attempts **(Deficiency PO-13<sup>15</sup>).**

## **USE OF FORCE AND RESTRAINTS (UOFR)**

ODO reviewed one immediate use of force incident, interviewed facility staff, and found:

- Facility staff did not consult with medical staff prior to using oleoresin capsicum (OC) spray when no indication of escalating tension during the incident would have prevented medical staff consultation **(Deficiency UOFR-57<sup>16</sup>);**
- Facility medical staff did not review the detainee’s medical file for any disease or condition that could possibly be worsened if facility staff used OC spray on the detainee **(Deficiency UOFR-58<sup>17</sup>); and**
- Facility staff did not immediately obtain a video camera nor record the incident when no delay in bringing the situation under control posed a serious hazard to detainee nor staff **(Deficiency UOFR-84<sup>18</sup>).**

ODO reviewed CCNJC’s UOFR procedures and found the procedures did not govern mandatory after-action reviews for UOFR incidents **(Deficiency UOFR-94<sup>19</sup>).**

---

<sup>13</sup> “Post orders for armed posts, and for posts that control access to the institution perimeter, shall clearly state that any staff member who is taken hostage is considered to be under duress.” *See* ICE NDS 2019, Standard, Post Orders, Section (II)(D).

<sup>14</sup> “Any order/directive issued by such a person, regardless of his or her position of authority, is to be disregarded.” *See* ICE NDS 2019, Standard, Post Orders, Section (II)(D).

<sup>15</sup> “Specific instructions for escape attempts shall be included in the post orders for armed posts.” *See* ICE NDS 2019, Standard, Post Orders, Section (II)(D).

<sup>16</sup> “Staff shall consult medical staff before using oleoresin capsicum (OC) spray or other non-lethal weapon(s) unless escalating tension make such action unavoidable.” *See* ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(H).

<sup>17</sup> “When possible, medical staff will review the detainee’s medical file for any disease or condition that a non-lethal weapon could seriously exacerbate, including, but not limited to, asthma, emphysema, bronchitis, tuberculosis, obstructive pulmonary disease, angina pectoris, cardiac myopathy, or congestive heart failure.” *See* ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(H).

<sup>18</sup> “Staff shall immediately obtain and record with a video camera any use-of-force incident, unless such a delay in bringing the situation under control would constitute a serious hazard to the detainee, staff, or others, or would result in a major disturbance or serious property damage.” *See* ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(J)(3).

<sup>19</sup> “Written procedures shall govern the mandatory after-action review for use-of-force incidents (whether calculated or immediate), and for the application of restraints.” *See* ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(K).



## SPECIAL MANAGEMENT UNIT (SMU)

ODO reviewed CCNJC's SMU procedures and found no requirements for:

- The regular review of all disciplinary segregation cases (**Deficiency SMU-44<sup>20</sup>**);
- A security supervisor or equivalent to interview detainees and review their status in disciplinary segregation every 7 days (**Deficiency SMU-45<sup>21</sup>**);
- A review to confirm the facility provides showers, meals, recreation, and other basic necessities to the detainee(s) as required by NDS 2019 (**Deficiency SMU-46<sup>22</sup>**); and
- The facility administrator to review the status of a detainee in disciplinary segregation after the first 30 days of segregation and each 30 days, thereafter, to justify continued detention in disciplinary segregation (**Deficiency SMU-52<sup>23</sup>**).

## SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed CCNJC's SAAPI policy and found:

- No procedures for notifying ERO Miami of a sexual abuse allegation (**Deficiency SAAPI-5<sup>24</sup>**);
- No procedures for the investigation and discipline of assailants by coordinating with ERO to ensure completion of investigations for all allegations of sexual abuse and assault (**Deficiency SAAPI-9<sup>25</sup>**);
- No procedures for coordination with the assigned criminal investigative entity nor ICE OPR (**Deficiency SAAPI-11<sup>26</sup>**);

---

<sup>20</sup> "All facilities shall implement written procedures for the regular review of all disciplinary segregation cases." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(B)(3).

<sup>21</sup> "All facilities shall implement written procedures for the regular review of all disciplinary segregation cases, consistent with the following procedures:

- a. A security supervisor, or equivalent, shall interview the detainee and review his or her status in disciplinary segregation every seven days."

See ICE NDS 2019, Standard, Special Management Unit, Section (II)(B)(3)(a).

<sup>22</sup> "All facilities shall implement written procedures for the regular review of all disciplinary segregation cases, consistent with the following procedures:

- a. ...The review will confirm the detainee is being provided showers, meals, recreation, and other basic necessities, as required by this detention standard."

See ICE NDS 2019, Standard, Special Management Unit, Section (II)(B)(3)(a).

<sup>23</sup> "The facility administrator shall review the status of a detainee in disciplinary segregation after the first 30 days of segregation, and each 30 days thereafter, to determine whether continued detention in disciplinary segregation is warranted." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(B)(3)(b).

<sup>24</sup> "This policy must mandate zero tolerance toward all forms of sexual abuse and assault, outline the facility's approach to preventing, detecting, and responding to such conduct, and include, at a minimum:

- a. ... procedures for notifying ICE/ERO (this notification must be sent directly to the FOD)"

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A)(2)(a).

<sup>25</sup> "Procedures for investigation and discipline of assailants, including:

- a. Coordinating with ICE/ERO and other appropriate investigative agencies to ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and assault."

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A)(5)(a).

<sup>26</sup> "This policy must mandate zero tolerance toward all forms of sexual abuse and assault, outline the facility's approach to preventing, detecting, and responding to such conduct, and include, at a minimum: ...

5. Procedures for investigation and discipline of assailants, including: ...

- No facility requirement to cooperate with all ICE/ERO audits and monitoring of facility compliance with sexual abuse and assault policies and standards (**Deficiency SA-API-13**<sup>27</sup>);
- ERO Miami did not review nor approve the facility’s SA-API policy and procedures (**Deficiency SA-API-14**<sup>28</sup>); and
- The facility did not fully comply with NDS 2019 within 90-days of CCNJC’s adoption of the standard (**Deficiency SA-API-15**<sup>29</sup>).

ODO reviewed CCNJC’s SA-API training program, interviewed the Prison Rape Elimination Act (PREA) coordinator, and found the facility did not conduct SA-API refresher training biannually (**Deficiency SA-API-26**<sup>30</sup>).

ODO reviewed 17 SA-API specialized investigator training records, interviewed the PREA coordinator, and found in 1 out of 17 records, the facility did not maintain written documentation of specialized investigator training (**Deficiency SA-API-37**<sup>31</sup>).

ODO reviewed CCNJC’s orientation video and facility handbook, observed housing unit kiosks and postings, and found CCNJC did not provide instructions to detainees on methods for reporting sexual abuse and assault to ICE OPR (**Deficiency SA-API-43**<sup>32</sup>).

ODO reviewed CCNJC’s orientation video and facility handbook, observed housing unit kiosks and postings, and found CCNJC did not inform detainees of their option to report sexual abuse and assault incidents to the DHS Joint Intake Center (**Deficiency SA-API-49**<sup>33</sup>).

---

c. Procedures for coordination of internal administrative investigations with the assigned criminal investigative entity to ensure non-interference with criminal investigations, as well as coordination with the ICE Office of Professional Responsibility.”

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A)(5)(c).

<sup>27</sup> “This policy must mandate zero tolerance toward all forms of sexual abuse and assault, outline the facility’s approach to preventing, detecting, and responding to such conduct, and include, at a minimum: ...

7. the facility’s requirement to cooperate with all ICE/ERO audits and monitoring of facility compliance with sexual abuse and assault policies and standards.”

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A)(7).

<sup>28</sup> “The facility’s written policy and procedures must be reviewed and approved by ICE/ERO.” See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A).

<sup>29</sup> “The facility administrator shall ensure that, within 90 days of the adoption of this detention standard, written policy and procedures are in place and that the facility is in full compliance with its requirements and guidelines.” See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A).

<sup>30</sup> “Training on the facility’s Sexual Abuse and Assault Prevention and Intervention Program shall be included in training for all employees and shall also be included in biannual refresher training thereafter.” See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(E).

<sup>31</sup> “...The facility must maintain written documentation verifying specialized training provided to investigators pursuant to this paragraph.” See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(E).

<sup>32</sup> “Following the intake process, the facility shall provide instruction to detainees on the facility’s Sexual Abuse and Assault Prevention and Intervention Program and ensure that such instruction includes (at a minimum): ...

4. Explanation of methods for reporting sexual abuse and assault, including one or more staff members other than an immediate point-of-contact line officer, the ICE Detention and Reporting Information Line (DRIL), the DHS Office of Inspector General and the ICE Office of Professional Responsibility;”

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(F)(4).

<sup>33</sup> “Detainees will also be informed that they can report any incident or situation regarding sexual abuse and assault,

ODO reviewed CCNJC’s housing unit postings and kiosk information and found CCNJC did not provide the mailing address of local organizations for assisting victims of sexual abuse and assault (**Deficiency SAAPI-52**<sup>34</sup>).

ODO reviewed CCNJC’s SAAPI procedures for administrative investigations and found the procedures did not require the documentation of a written report for each investigation (**Deficiency SAAPI-138**<sup>35</sup>).

ODO reviewed CCNJC’s 2021 SAAPI annual review, interviewed the facility staff, and found the facility did not provide the review findings to ERO Miami (**Deficiency SAAPI-162**<sup>36</sup>).

## **CARE**

### **FOOD SERVICE (FS)**

ODO reviewed CCNJC policy, interviewed the chaplain and food service director, and found the chaplain did not develop nor provide the facility administrator a ceremonial-meal schedule for the subsequent calendar year (**Deficiency FS-68**<sup>37</sup>).

ODO reviewed CCNJC policy, interviewed the chaplain and food service director, and found the facility did not develop a ceremonial-meal schedule that included the date, religious group, estimated number of participants, nor special food required (**Deficiency FS-69**<sup>38</sup>).

### **PERSONAL HYGIENE (PH)**

ODO toured the facility, interviewed facility staff, and found the facility did not provide the standard issue of clothing to female detainees. Specifically, the facility did not provide brassieres as a part of standard clothing item issue (**Deficiency PH-5**<sup>39</sup>).

---

or intimidation, to any staff member (as outlined above), the DHS Office of Inspector General, and the DHS Joint Intake Center.” See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(F)(1).

<sup>34</sup> “...The facility shall post with this notice the name of the facility PSA Compliance Manager and information about local organizations that can assist detainees who have been victims of sexual abuse and assault, including mailing addresses and telephone numbers (including toll-free hotline numbers where available).” See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(F)(3).

<sup>35</sup> “The facility shall develop written procedures for administrative investigations, including provisions requiring: ...  
f. Documentation of each investigation by written report ...”

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(M)(3)(f).

<sup>36</sup> “The results and findings of the annual review shall be provided to the facility administrator and ICE/ERO for transmission to the ICE PSA Coordinator (this notification must be sent directly to the FOD).” See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(M)(5).

<sup>37</sup> “The chaplain, in consultation with local religious leaders, if necessary, shall develop the ceremonial-meal schedule for the subsequent calendar year, providing it to the facility administrator.” See ICE NDS 2019, Standard, Food Service, Section (II)(F)(7).

<sup>38</sup> “This schedule shall include the date, religious group, estimated number of participants, and special foods required.” See ICE NDS 2019, Standard, Food Service, Section (II)(F)(7).

<sup>39</sup> “The standard issue of clothing for detainees should be consistent with facility policy, but should include not less than one uniform shirt and one pair of uniform pants or one jumpsuit; one pair of socks; one pair of underwear; two brassieres, as appropriate; and one pair of footwear.” See ICE NDS 2019, Standard, Personal Hygiene, Section

ODO reviewed the hygiene items the facility distributed to detainees and found the facility did not provide one container of skin lotion (**Deficiency PH-14**<sup>40</sup>).

## CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 11 standards under NDS 2019 and found the facility in compliance with 3 of those standards. ODO found 32 deficiencies in the remaining 8 standards. ODO recommends ERO Miami work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. A uniform corrective action plan was not required as this was ODO’s first inspection of CCNJC.

<b>Compliance Inspection Results Compared</b>	<b>FY 2022 (NDS 2019)</b>
Standards Reviewed	11
Deficient Standards	8
Overall Number of Deficiencies	32
Repeat Deficiencies	N/A
Areas Of Concern	0
Corrective Actions	0
Facility Rating	Acceptable

---

(II)(B).

<sup>40</sup> “Each detainee shall receive, at a minimum, the following items: ...

6. One container of skin lotion.”

See ICE NDS 2019, Standard, Personal Hygiene, Section (II)(F)(6).