



U.S. Department of Homeland Security
U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
Inspections and Detention Oversight Division
Washington, DC 20536-5501

**Office of Detention Oversight
Compliance Inspection**

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

**Glades County Detention Center
Moore Haven, Florida**

August 31-September 3, 2020

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

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FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility Office of Detention Oversight (ODO) conducted a contingency inspection of the Glades County Detention Center (GCDC) in Moore Haven, FL, from August 31 to September 3, 2020.¹ 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 in Miami, FL. The facility operates under the National Detention Standards (NDS) 2019.

ERO deportation officers and a detention services manager are assigned to the facility. A GCDC chief deputy of corrections officer 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 was accredited by the National Commission on Correctional Healthcare in November 2017.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	As Needed
Average ICE Detainee Population ³	385
Male Detainee Population (as of 8/14/2020)	274
Female Detainee Population (as of 8/14/2020)	50

During its last inspection, in Fiscal Year (FY) 2019, ODO found 12 deficiencies in the following areas: Access to Legal Materials (1); Admission and Release (2); Detainee Classification System (3); Telephone Access (1); Visitation (1); Special Management Unit – Administrative Segregation (2); and Use of Force (2).

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

² Data Source: ERO Facility List Report as of August 14, 2020.

³ *Ibid.*

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 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.⁴

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.

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.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ⁵	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	1
Sub-Total	1
Part 2 – Security	
Admission and Release	0
Custody Classification System	1
Funds and Personal Property	0
Use of Force and Restraints	1
Special Management Units	4
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	6
Part 4 – Care	
Food Service	3
Medical Care	2
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	1
Sub-Total	6
Part 5 – Activities	
Recreation	0
Religious Practices	0
Telephone Access	1
Visitation	3
Sub-Total	4
Part 6 – Justice	
Grievance Systems	0
Law Libraries and Legal Material	0
Sub-Total	0
Total Deficiencies	17

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

DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO attempted to conduct detainee interviews via video teleconference; however, the facility was not able to accommodate this request due to technology issues. As such, the detainee interviews were conducted via telephone.

Medical Care: One detainee stated he submitted multiple requests to receive treatment for acid reflux and poor circulation in his hands. The detainee alleged his hands swollen and his nails were purple in color. He reported his requests had not been acknowledged, and he is not being treated for these health issues.

- Action Taken: ODO reviewed the detainee's medical file and found on August 24, 2020, he was evaluated by a licensed practical nurse (LPN) for heartburn and food intolerance. The LPN spoke to the medical doctor and received an order to prescribe the detainee, Omeprazole 20 mg, for his gastrointestinal (GERD) condition. On August 16 and June 24, 2020, the detainee was seen by medical staff for continued complaints of GERD and the concerns he had with his hands, so the detainee was referred to the facility doctor for treatment. In addition to the detainee's GERD condition, he has asthma and had been seen in the facility's chronic care clinic on June 18, 2020. On September 3, 2020, the facility's LPN met with the detainee to remind him of his plan of care.

Religious Practices: One detainee stated he did not believe the Halal meals he received were prepared properly. The detainee also said he requested a prayer rug and his request had gone unanswered.

- Action Taken: ODO interviewed the facility's chaplain and a correctional chief and found Halal meals were not served at the facility due to the stringent religious rituals required during the preparation of the protein for the meals. However, the facility did provide kosher meals. Additionally, the facility made requests for religious item donations from outside religious groups for the detainees. The facility received and maintained a limited number of prayer rugs donated by local faith groups for organized religious group activities. On September 2, 2020, a correctional chief spoke to the detainee about his concerns with his religious meals, and his request for a prayer rug. See the Food Service section of this report for a deficiency associated with this detainee's interview complaint pertaining to his meals. Furthermore, at the conclusion of the inspection, a prayer rug was still not issued to the detainee due to the limited number of rugs on hand.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed photographs of the food service area and found a rusted pole with peeling paint located adjacent to a food preparation table. The food preparation table was in use at the time of the inspection (**Deficiency EH&S-1⁶**).

SECURITY

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed 12 detainee files and interviewed the jail commander and found 1 file out of 12 did not contain documentation that a reclassification was completed prior to the detainee's release from the special management unit into the general population (**Deficiency CCS-1⁷**).

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed the audio-video recording for the only calculated UOF incident during the year preceding the inspection and found the medical examination of the detainee was not audio-visually recorded. However, ODO confirmed written documentation of the medical examination was contained within the UOF after-action-review report (**Deficiency UOF&R-1⁸**).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed the facility Sheriff's Office Policy Manual (SOPM), dated May 5, 2020, and interviewed the jail commander and found the facility did not have written procedures governing the management of the SMU (**Deficiency SMU-1⁹**).

ODO reviewed the SOPM and interviewed the jail commander and found the facility did not have written procedures for regular review of detainees held in administrative segregation (AS). Additionally, the facility did not conduct reviews within 72-hours of a detainee's placement in AS. ODO reviewed five detainee detention files and found in all five

⁶ "General: Facility cleanliness and sanitation shall be maintained. All surfaces, fixtures, and equipment shall be kept clean and in good repair." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I)(2).

⁷ "All facility classification systems shall ensure that a detainee is reassessed and/or reclassified at regular intervals and upon the occurrence of relevant events..." See ICE NDS 2019, Standard, Custody Classification System, Section (II)(F).

⁸ "1) Calculated-use-of-force video recording will include the following:

e) Close-ups of detainee's body during medical exam, focusing on the presence/absence of injuries; staff injuries, if any, described but not shown." See ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(B)(2)(b)(1)(e).

⁹ "Each facility shall develop and follow written procedures, consistent with this standard, governing the management of its administrative segregation unit. These procedures must include documenting detailed reasons for placement of an individual in administrative segregation." See ICE NDS 2019, Standard, Special Management Units, Section (II)(A).

cases reviews were conducted every five days instead of within 72-hours (**Deficiency SMU-2¹⁰**).

ODO reviewed five detainees' disciplinary segregation (DS) files and found all five files did not contain a written DS order signed by the chair of the Institutional Disciplinary Panel (or its equivalent), nor the disciplinary hearing officer before the detainee was placed into DS. However, ODO confirmed with the jail commander DS orders were not completed and issued to detainees prior to placement in DS (**Deficiency SMU-3¹¹**).

ODO reviewed the SOPM and interviewed the commander and found the facility did not have written procedures for regular reviews of detainees held in DS. ODO reviewed five detainee DS files and found in all five cases reviews were conducted every five days instead of within 72-hours (**Deficiency SMU-4¹²**).

CARE

FOOD SERVICE (FS)

ODO reviewed documentation and interviewed the assistant food service administrator and found the food service department did not have a special common-fare menu established for the ten Federal holidays (**Deficiency FS-1¹³**).

ODO reviewed photographs of a non-food storage area located in the food service department and found the facility stored items in a hazardous manner in the storage area (**Deficiency FS-2¹⁴**).

ODO reviewed the facility menu and found Halal meals were not provided to detainees when requested to accommodate religious dietary needs (**Deficiency FS-3¹⁵**).

MEDICAL CARE (MC)

¹⁰ "All facilities shall implement written procedures for the regular placement review of all detainees held in administrative segregation, consistent with the procedures specified below.

a. A supervisor shall conduct a review within 72 hours of the detainee's placement in administrative segregation to determine whether segregation is still warranted." *See* ICE NDS 2019, Standard, Special Management Units, Section (II)(A)(3) and (a).

¹¹ "A written order shall be completed and signed by the chair of the IDP (or disciplinary hearing officer) before a detainee is placed into disciplinary segregation." *See* ICE NDS 2019, Standard, Special Management Units, Section (II)(B)(2).

¹² "All facilities shall implement written procedures for the regular review of all disciplinary segregation cases, consistent with the following procedures: ..." *See* ICE NDS 2019, Standard, Special Management Units, Section (II)(B)(3).

¹³ "... The common-fare menu is based on a 14-day cycle, with special menus for the 10 Federal holidays. The menus must be certified as exceeding minimum daily nutritional requirements, meeting or exceeding U.S. recommended daily allowances (RDAs)." *See* ICE NDS 2019, Standard, Food Service, Section (II)(F)(2).

¹⁴ "All facilities shall meet the following environmental standards:

f. Hazard-free storage areas:

1) Bags, containers, bundles, etc., stored in tiers; stacked, blocked, interlocked, and limited in height for stability/security against sliding or collapsing." *See* ICE NDS 2019, Standard, Food Service, Section (II)(I)(5)(f)(1).

¹⁵ "To the extent practical, a hot entrée shall be available to accommodate detainees' religious dietary needs, e.g., kosher and/or halal products. Hot entrees shall be offered five times a week, and shall be purchased precooked, heated in their sealed containers, and served hot." *See* ICE NDS 2019, Standard, Food Service, Section (II)(F)(4).

ODO reviewed 12 detainee medical files and found 4 out of 12 detainees with active chronic care conditions identified during intake screening were not referred to a qualified licensed health care practitioner within two-days of arrival to the facility. The four detainees identified were referred to a facility health care practitioner 9 to 12-days after arrival to the facility (**Deficiency MC-1¹⁶**).

ODO reviewed 12 detainee medical files and found 1 file out of 12 in which a detainee was asymptomatic for tuberculosis (TB) during the intake symptom screening process. The detainee had a documented positive TB skin test from another facility; however, a chest x-ray was not completed within three-days of the positive TB skin test reading in accordance with the Centers for Disease Control and Prevention guidelines. ODO confirmed with medical staff the detainee received a chest x-ray six days after the facility confirmed the positive TB skin test reading (**Deficiency MC-2¹⁷**).

ODO reviewed 12 detainee files and found one detainee had hypertension and was ordered by the physician to have “full” vital sign readings in the evening for five consecutive days. There was no nursing protocol or document staff could provide to define “full” vital signs. In the detainee’s medical record nursing staff recorded only the blood pressure and pulse. However, some medical staff may consider “full” vitals to include temperature and respiration measurements in addition to blood pressure and pulse. Clearly defined expectations from the clinical medical authority would facilitate optimal medical delivery. ODO noted this as an **Area of Concern**.

DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIA&A)

ODO reviewed policies and procedures and found the facility did not have an orientation program that informed and notified detainees about the disability accommodations policy. Additionally, the facility did not post disability documents for detainee awareness in detainee living areas and in the medical unit (**Deficiency DIA&A-1¹⁸**).

¹⁶ “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. Any detainee responding in the affirmative shall be sent for evaluation to a qualified, licensed health care practitioner as quickly as possible, but no later than two working days.” See ICE NDS 2019, Standard, Medical Care, Section (II)(D).

¹⁷ “...All detainees with suspected or confirmed TB disease shall be evaluated for human immunodeficiency virus (HIV), and all detainees with HIV shall be evaluated for TB disease, which includes a chest x-ray...” See ICE NDS 2019, Standard, Medical Care, Section (II)(D)(1).

¹⁸ “The facility orientation program shall notify and inform detainees about the facility’s disability accommodations policy, including their right to request reasonable accommodations and how to make such a request, in a language and/or manner they can understand. The facility will post other documents for detainee awareness in detainee living areas and in the medical unit, as requested by ICE/ERO.” See ICE NDS 2019, Standard, Disability Identification, Assessment, and Accommodation, Section, (II)(I).

ACTIVITIES

TELEPHONE ACCESS (TA)

ODO reviewed photographs and found the facility posted a sign near the housing unit telephones stating calls were subject to monitoring; however, the facility did not place a notice at each telephone stating the procedure on how to obtain an unmonitored call (**Deficiency TA-1¹⁹**).

VISITATION (V)

ODO reviewed the facility's visitation policy and procedures and determined the facility did not have written procedures regarding accepting money from visitors for a detainee's account. (**Deficiency V-1²⁰**).

ODO found the facility posted rules and hours for legal visitation in the detainee handbook; however, the facility did not post the rules and hours for legal visitation prominently in the visiting room (**Deficiency V-2²¹**).

ODO reviewed the facility's legal visitation log and found the log did not include legal visitors denied access or reasons for denying access (**Deficiency V-3²²**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under NDS 2019 and found the facility in compliance with nine of those standards. ODO found 17 deficiencies in the remaining nine standards. ODO commends facility staff for their responsiveness during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

¹⁹ "...The facility shall also place a notice at each monitored telephone stating:

1. That detainee calls are subject to monitoring; and
2. The procedure for obtaining an unmonitored call to a court, legal representative, or for the purposes of obtaining legal representation."

See ICE NDS 2019, Standard, Telephone Access, Section (II)(K).

²⁰ "The facility shall have written procedures regarding incoming property and money for detainees. The facility shall allow a visitor to leave money for deposit in a detainee's account. The visitor will receive a receipt for all money or property left at the facility unless it is allowed to be given directly to the detainee." *See* ICE NDS 2019, Standard, Visitation, Section (II)(D).

²¹ "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).

²² "A separate log shall record all legal visitors, including those denied access to the detainee. The log shall include the reason(s) for denying access." *See* ICE NDS 2019, Standard, Visitation, Section (II)(G)(14).

Compliance Inspection Results Compared	FY 2019 (NDS 2000 and PBNS 2011)	FY 2020 (NDS 2019)
Standards Reviewed	18	18
Deficient Standards	7	9
Overall Number of Deficiencies	12	17
Repeat Deficiencies	N/A	N/A
Corrective Actions	2	0