



**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

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Office of Detention Oversight  
Compliance Inspection

Enforcement and Removal Operations  
ERO Boston Field Office

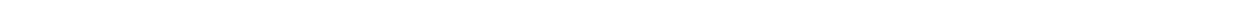
Wyatt Detention Center  
Central Falls, Rhode Island

November 1-4, 2021

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

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## COMPLIANCE INSPECTION TEAM MEMBERS



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## 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 November 1 to 4, 2021.<sup>1</sup> The facility opened in 1993 and is owned and operated by 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). The facility operates under the National Detention Standards (NDS) 2019.

ERO has assigned deportation officers and a detention services manager to the facility. A WDC warden handles daily facility operations and manages [REDACTED] support personnel. Aramark Correctional Services, LLC provides food and commissary services. WDC does not have a contract with a single specific health care provider, but instead, maintains individual contracts with medical staff. The facility was accredited by the American Correctional Association in February 2018 and was certified as a U.S. Department of Justice Prison Rape Elimination Act facility in October 2017.

| Capacity and Population Statistics                  | Quantity   |
|---|------------|
| ICE Detainee Bed Capacity <sup>2</sup>              | [REDACTED] |
| Average ICE Detainee Population <sup>3</sup>        | [REDACTED] |
| Male Detainee Population (as of November 1, 2021)   | [REDACTED] |
| Female Detainee Population (as of November 1, 2021) | [REDACTED] |

During its last inspection, in Fiscal Year (FY) 2021, ODO found two deficiencies in the following areas: Custody Classification System (1) and Medical Care (1).

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

<sup>2</sup> Data Source: ERO Facility List Report as of October 12, 2021.

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

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population 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.

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.

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.

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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            |
| <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            |
| Post Orders   | 1            |
| Searches of Detainees   | 1            |
| Use of Force and Restraints                                   | 0            |
| Special Management Units                                      | 0            |
| Sexual Abuse and Assault Prevention and Intervention          | 0            |
| <b>Sub-Total</b>  | <b>2</b>     |
| <b>Part 4 – Care</b>  |              |
| Food Service  | 0            |
| Hunger Strikes  | 0            |
| Medical Care  | 4            |
| Personal Hygiene  | 0            |
| Significant Self-Harm and Suicide Prevention and Intervention | 0            |
| <b>Sub-Total</b>  | <b>4</b>     |
| <b>Part 5 – Activities</b>                                    |              |
| Correspondence and Other Mail                                 | 0            |
| Voluntary Work Program  | 0            |
| <b>Sub-Total</b>  | <b>0</b>     |
| <b>Part 6 – Justice</b>                                       |              |
| Legal Rights Group Presentations                              | 0            |
| <b>Sub-Total</b>  | <b>0</b>     |
| <b>Part 7 – Administration and Management</b>                 |              |
| Detention Files   | 0            |
| Detainee Transfers  | 0            |
| <b>Sub-Total</b>  | <b>0</b>     |
| <b>Total Deficiencies</b>                                     | <b>6</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 inspections.

## DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services. ODO conducted the detainee interviews via video teleconference.

## COMPLIANCE INSPECTION FINDINGS

### SECURITY

#### POST ORDERS (PO)

ODO reviewed the facility's post orders and found the armed and perimeter access post orders do not state any staff member taken hostage will be considered to be under duress (**Deficiency PO-11**<sup>7</sup>).

#### SEARCHES OF DETAINEES (SD)

ODO interviewed the chief of security, reviewed the facility's staff training, and found the facility does not provide annual training for staff who conduct searches of housing, work areas, or of a detainee's body (**Deficiency SD-2**<sup>8</sup>).

### CARE

#### MEDICAL CARE (MC)

ODO reviewed █ health care credential files and found in █ out of █ files, health care staff did not have valid certifications. Specifically, three health care staff did not have cardiopulmonary resuscitation and first aid certifications (**Deficiency MC-11**<sup>9</sup>).

ODO reviewed █ detainee medical records and found in █ out of █ records, medical staff did not conduct comprehensive health assessments within 14 days of the detainees' arrival at the facility. Specifically, a health care provider completed health assessments between 16 to 45 days of the detainees' arrival at the facility (**Deficiency MC-27**<sup>10</sup>).

ODO reviewed █ detainee medical records and found in █ out of █ records, a physician, physician assistant, nurse practitioner, or registered nurse did not conduct the initial dental screenings

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<sup>7</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>8</sup> "All staff who conduct searches of housing, work areas, or of a detainee's body shall receive initial training regarding search procedures prior to entering on duty and shall receive annual, updated training in authorized and effective techniques thereafter." See ICE NDS 2019, Standard, Searches of Detainees, Section (II)(B).

<sup>9</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).

<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).

(Deficiency MC-44<sup>11</sup>).

ODO reviewed [REDACTED] health care staff training records and found in one out of [REDACTED] records, a non-dental clinician did not receive annual training on how to conduct dental examinations by a dentist (Deficiency MC-45<sup>12</sup>). **This is a repeat deficiency.**

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 19 standards under NDS 2019 and found the facility in compliance with 16 of those standards. ODO found six deficiencies in the remaining three standards. ODO commends facility staff for their responsiveness during this inspection. ODO recommends ERO Boston work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the uniform corrective action plan for ODO's last inspection of WDC in May 2021.

| Compliance Inspection Results Compared | FY 2021<br>(NDS 2019) | FY 2022<br>(NDS 2019) |
|--|-----------------------|-----------------------|
| Standards Reviewed                     | 10                    | 19                    |
| Deficient Standards                    | 2                     | 3                     |
| Overall Number of Deficiencies         | 2                     | 6                     |
| Repeat Deficiencies                    | 0                     | 1                     |
| Areas of Concern                       | 0                     | 0                     |
| Corrective Actions                     | 0                     | 0                     |
| Facility Rating                        | N/A                   | Superior              |

<sup>11</sup> "If no on-site dentist is available, the initial dental screening may be performed by a physician, physician assistant, nurse practitioner, or registered nurse." See ICE NDS 2019, Standard, Medical Care, Section (II)(H).

<sup>12</sup> "Such non-dental clinicians shall be trained annually on how to conduct the exam by a dentist." See ICE NDS 2019, Standard, Medical Care, Section (II)(H).