



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
Follow-Up Compliance Inspection
2023-002-160

Enforcement and Removal Operations
ERO Boston Field Office

Wyatt Detention Center
Central Falls, Rhode Island

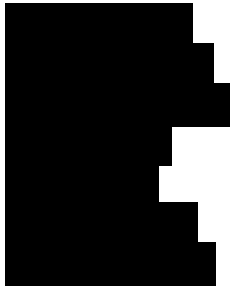
September 19-21, 2023

FOLLOW-UP COMPLIANCE INSPECTION
of the
WYATT DETENTION CENTER
Central Falls, Rhode Island

TABLE OF CONTENTS

FACILITY OVERVIEW	4
FOLLOW-UP COMPLIANCE INSPECTION PROCESS	5
FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES	6
DETAINEE RELATIONS	7
FOLLOW-UP COMPLIANCE INSPECTION FINDINGS	7
CARE	7
FOOD SERVICE	7
MEDICAL CARE	8
SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION	8
CONCLUSION	9

FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Assistant Team Lead	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 follow-up compliance inspection of the Wyatt Detention Center (WDC) in Central Falls, Rhode Island, from September 19 to 21, 2023.¹ This inspection focused on the standards found deficient during ODO’s last inspection of WDC from March 21 to 23, 2023. 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). 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 September 18, 2023. LCDC was inspected against NDS 2019, and ODO’s assigned rating is for ERO’s informational purposes only.

[REDACTED] A warden manages [REDACTED] support personnel. Aramark provides food and commissary services, and WDC staff provides medical care at the facility. The facility was accredited by the American Correctional Association (ACA) in April 2021.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of September 19, 2023)	[REDACTED]
Adult Female Population (as of September 19, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found 12 deficiencies in the following areas: Detainee Handbook (1); Hold Rooms in Detention Facilities (1); Medical Care (3); Significant Self-Harm and Suicide Prevention and Intervention (3); and Visitation (4).

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

² Data Source: ERO Facility List as of September 18, 2023.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in FY.⁴

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which may include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admissions and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's uniform corrective action plan (UCAP), and other information ODO obtains from the internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practice run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeated Deficiencies" in this report.

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 ^{5,6}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Use of Force and Restraints	0
Special Management Units	0
Staff Detainee Communication	0
Sub-Total	0
Part 4 - Care	
Food Service	1
Medical Care	1
Significant Self-Harm and Suicide Prevention and Intervention	3
Terminal Illness and Death	0
Sub-Total	5
Part 5 - Activities	
Recreation	0
Visitation	0
Sub-Total	0
Part 6 - Justice	
Detainee Handbook	0
Grievance System	0
Sub-Total	0
Total Deficiencies	5

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

⁶ 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. ODO attempted to interview additional detainees; however, the detainees declined ODO's requests to interview. Two detainees made allegations of verbal abuse, which ODO describes below. Most detainees reported satisfaction with facility services except for the concerns listed below.

Medical Care: One detainee stated his migraine headaches prevent him from sleeping.

- Action Taken: ODO spoke with facility medical staff, reviewed medical logs, and confirmed the detainee's prescribed medications: Excedrin, 1 to 2 tablets by mouth, as needed twice a day and Tylenol (500 mg) by mouth as needed twice a day for migraine headaches, Citalopram (20 mg) by mouth at bedtime for sleep, and Hydroxyzine (50 mg) by mouth at bedtime. ODO followed-up with the facility after the inspection and on October 6, 2023, medical staff informed ODO they saw the detainee on October 1, 2023, for headaches, and an MD prescribed Imitrex (25 mg) for 30 days on October 2, 2023. On October 5, 2023, the facility medical staff renewed the detainee's prescription for Excedrin for 90 days. Medical staff also noted the detainee has found relief from the most recent medication adjustment and has been informed on the steps to follow if headaches persist.

Staff-Detainee Communication: Two detainees stated facility staff verbally abused them, but they did not submit grievances.

- Action Taken: ODO informed facility staff of the alleged verbal abuse by a facility staff member. A facility staff member, not the subject of the allegation, confirmed the allegation and informed ODO she confronted the subject of the allegation and reported the incident to facility leadership. On October 11, 2023 ERO Boston staff informed ODO facility leadership provided the subject staff member with corrective action for his unprofessionalism toward the detainees and they reminded the subject staff member of the importance of always maintaining professionalism while on duty.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

CARE

FOOD SERVICE (FS)

ODO interviewed the food service manager (FSM), toured the FS area, and found FS staff did not observe sanitary guidelines for foods requiring a temperature to be maintained at 135 Fahrenheit (F) degrees or greater. Specifically, ODO inspected the FS serving line, took temperature readings of the pizza, pasta and green beans, and found the temperature of each item at 110 F degrees

(Deficiency FS-19⁷). This is a priority component.

MEDICAL CARE (MC)

ODO reviewed █ detainee medical records and found health care providers and officers did not keep written records of prescribed medications issued to or refused by the detainees. Specifically, ODO found in █ out of █ records, no documentation for prescriptions issued to or refused by detainees for 7 out of 31 days; 9 out of 16 days; 7 out of 31 days; and 13 out of 16 days respectively **(Deficiency MC-62⁸). This is a priority component.**

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

ODO reviewed one file of a detainee identified by staff as a suicide risk or self-harm during the inspection period and found no evaluation of the detainee completed within 24 hours. Specifically, staff placed the detainee on suicide watch at 1:40 p.m. on August 18, 2023, and mental health staff examined him at 2:30 p.m. on August 22, 2023 **(Deficiency SSHSPI-12⁹).**

ODO reviewed the file of a detainee placed in a suicide-resistant cell on suicide watch during the inspection period and found a mental health provider did not perform welfare checks every 8 hours. Specifically, facility staff placed the detainee on suicide watch on August 18, 2023, and no mental health provider performed any welfare checks until August 22, 2023, the day of the detainee's removal from suicide watch **(Deficiency SSHSPI-22¹⁰). This is a repeat deficiency.**

ODO reviewed the file of a detainee placed in a general population housing unit on close observation status during the inspection period and found a mental health provider did not perform welfare checks every 8 hours. Specifically, the facility staff placed the detainee on close observation status on August 22, 2023, and no mental health provider performed a welfare check until August 28, 2023, the day of the detainee's removal from close observation status **(Deficiency SSHSPI-28¹¹).**

⁷ "The following procedures apply to the display, service, and transportation of food to mainline and satellite food service areas:

- a. Food is fit for consumption and appropriately presented;
- b. Sanitary guidelines are observed, with hot foods maintained at a temperature of at least 135 degrees F and foods that require refrigeration maintained at 41 degrees F or below."

See ICE NDS 2019, Standard, Food Service, Section (II)(C)(2)(b).

⁸ "Health care providers and officers shall keep written records of all medication given to (or refused by) detainees." *See ICE NDS 2019, Standard, Medical Care, Section (II)(L).*

⁹ "An evaluation shall take place within 24 hours." *See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(D).*

¹⁰ "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).*

¹¹ "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).*

CONCLUSION

During this follow-up inspection, ODO assessed the facility's compliance with 17 standards under NDS 2019 and found the facility in compliance with 14 of those standards. ODO found five deficiencies in the remaining three standards. Since WDC's last full inspection in March 2023, the facility's overall compliance has trended up. WDC went from 5 deficient standards and 12 deficiencies in March 2023 to 3 deficient standards and 5 deficiencies during this most recent follow-up inspection, which included 1 repeat deficiency for no welfare check of a detainee on suicide watch every 8 hours. ODO received a completed UCAP for the facility's full inspection in March 2023, which likely contributed to resolving most of the 12 deficiencies from the previous inspection. However, the corrective actions in SSHSPI were insufficient at preventing further recurrence of a previously documented deficiency. ODO recommends ERO Boston continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2023 Full Inspection (NDS 2019)	FY 2023 Follow-Up Inspection (NDS 2019)
Standards Reviewed	19	17
Deficient Standards	5	3
Overall Number of Deficiencies	12	5
Priority Component Deficiencies	6	2
Repeat Deficiencies	2	1
Areas Of Concern	0	0
Corrective Actions	8	0
Facility Rating	Acceptable/Adequate	N/A