



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 Boston Field Office**

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

October 29-31, 2019

COMPLIANCE INSPECTION
of the
WYATT DETENTION FACILITY
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 Facility (WDF) in Central Falls, Rhode Island, from October 29 to 31, 2019.¹ The facility opened in 1993 and is owned and operated by the Central Falls Detention Facility Cooperation. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at WDF in March 2019 under the oversight of ERO's Field Office Director (FOD) in Boston (ERO Boston). The facility operates under the National Detention Standards (NDS) 2000.

ERO has assigned Deportation Officers (DOs) to the facility. A WDF warden handles daily facility operations and is supported by █████ personnel. Aramark provides food and commissary services at the facility. WDF does not contract with a single specific health care provider and instead maintains individual contracts with medical staff. The facility is accredited by the American Correctional Association and is certified as a U.S. Department of Justice (DOJ) Prison Rape Elimination Act (PREA) facility.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	225
Average ICE Detainee Population ³	135
Male Detainee Population (as of 10/29/2019)	148
Female Detainee Population (as of 10/29/2019)	N/A

This is ODO's first compliance inspection of WDF.

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

² Data Source: ERO Facility List Report as of October 21, 2019.

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 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.

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

FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected ⁵	Deficiencies
Part 1 – Detainee Services	
Access to Legal Material	3
Admission and Release	4
Detainee Classification System	0
Detainee Grievance Procedures	1
Food Service	2
Funds and Personal Property	0
Recreation	0
Religious Practices	0
Staff-Detainee Communication	0
Telephone Access	0
Visitation	1
Sub-Total	11
Part 2 – Security and Control	
Environmental Health and Safety	1
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	1
Sub-Total	2
Part 3 – Health Services	
Medical Care	2
Suicide Prevention and Intervention	0
Sub-Total	2
Total Deficiencies	15

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.

Medical Care: One detainee stated he requested treatment for bumps on his head approximately 20 days ago and medical staff provided him an antibiotic ointment 15 days ago. He stated the condition had not improved and that he had submitted another medical request for treatment but the facility had not provided effective treatment.

- Action Taken: ODO reviewed the detainee's medical records and spoke with facility medical staff. The detainee arrived at WDF in early June 2019 and a physician conducted his initial physical within 48 hours of arrival. The physician noted no medical concerns at that time. The detainee submitted a sick call request on October 18, 2019, for this medical condition; a nurse evaluated him and instructed him to apply warm compresses to the affected area and return to medical if the condition did not resolve within a few days. He submitted another request on October 22, 2019, for the same condition and the nurse referred him to the nurse practitioner (NP). The NP evaluated him on October 27, 2019, prescribed antibiotic ointment and counseled the detainee on when and how to apply the antibiotic ointment. Medical staff informed ODO that two days (October 27 to October 29, 2019) is not enough time to determine if the current treatment plan is going to be effective. ODO requested medical staff provide additional counseling to the detainee to ensure he knew the length of time needed to assess the treatment plan and to return to medical if the condition got worse.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ACCESS TO LEGAL MATERIAL (ALM)

ODO interviewed facility staff and found that weekly inspections and updates of legal materials are not being performed in order to confirm the good condition and prompt replacement of damaged or outdated law library materials and equipment. Additionally, LexisNexis was not installed on the law library computer the facility maintains in the segregation unit (**Deficiency ALM-1⁶**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by loading the most current version of the LexisNexis software on the computer in the segregation unit and assigned the facility librarian the responsibility to conduct weekly inspections of law library materials and equipment (**C-1**).

ODO reviewed WDF's policy and procedures and found the facility does not assist unrepresented detainees who request a notary public or other similar services (**Deficiency ALM-2⁷**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by revising their policy to include providing necessary assistance to unrepresented detainees (**C-2**).

ODO reviewed the facility's detainee handbook and found the law library section is missing the procedure for requesting legal materials not in the law library and the procedure for notifying a designated employee that law library material is missing or damaged. Additionally, the facility has not posted their law library policies and procedures near the law library computer in the segregation unit (**Deficiency ALM-3⁸**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by updating their detainee handbook to include instructions for requesting material not maintained in the law library and the procedure for notifying a designated employee that law library material is missing or damaged. Additionally, the facility posted their law library policies and procedures near the law library computer in the segregation unit (**C-3**).

⁶ "...The facility shall designate an employee with the responsibility for updating legal materials, inspecting them weekly, maintaining them in good condition, and replacing them promptly as needed." See ICE NDS 2000, Standard, Access to Legal Materials, Section (III)(E).

⁷ "The facility shall provide assistance to any unrepresented detainee who requests a notary public, certified mail, or other such services to pursue a legal matter, and if the detainee is unable to meet the need through a family member, friend, or community organization." See ICE NDS 2000, Standard, Access to Legal Material, Section (III)(P).

⁸ "The detainee handbook or equivalent, shall provide detainees with the rules and procedures governing access to legal materials, including the following information: ...

5. the procedure for requesting legal reference materials not maintained in the law library; and
6. the procedure for notifying a designated employee that library material is missing or damaged.

These policies and procedures shall also be posted in the law library along with a list of the law library's holdings." See ICE NDS 2000, Standard, Access to Legal Material, Section (III)(Q)(5) and (6).

ADMISSION AND RELEASE (A&R)

ODO reviewed WDF's orientation program and found that although detainees are shown a PREA video in English and Spanish, the facility does not show any other video that outlines facility operation, programs, and services (**Deficiency A&R-1⁹**).

ODO's review of 25 detainee detention files found that although all files had an Order to Detain or Release (Form I-203), two of the forms did not have an appropriate official signature (**Deficiency A&R-2¹⁰**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by adding Form I-203s signed by an ERO Boston authorizing official to the respective detainee detention files (**C-4**).

ODO reviewed WDF's orientation policy and found the local ERO office has not approved WDF's orientation procedures (**Deficiency A&R-3¹¹**).

ODO reviewed WDF's release policy and found the local ERO office has not approved WDF's release procedures (**Deficiency A&R-4¹²**).

Corrective Action: Prior to completion of the inspection, corrective action was taken by the Assistant Field Office Director (AFOD), who issued a memorandum approving the release procedures used at WDF (**C-5**).

DETAINEE GRIEVANCE PROCEDURES (DGP)

ODO interviewed WDF staff and found they do not document resolutions of oral grievances in detainee detention files (**Deficiency DGP-1¹³**).

⁹ "The orientation process supported by a video (INS) and handbook shall inform all new arrivals about facility operations, programs, and services. Subjects covered will include prohibited activities and unacceptable and the associated sanctions (see the 'Disciplinary Policy' Standard)." See ICE NDS 2000, Standard, Admission and Release, Section (III)(A)(1).

¹⁰ "An Order to Detain or an Order to Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/ERO Authorizing Official signature, must accompany each newly arriving detainee." See ICE NDS 2000, Standard, Admission and Release, Section (III)(E).

¹¹ "All facilities shall have a medium to provide INS detainees an orientation to the facility. In IGSA the INS office of jurisdiction shall approve all orientation procedures." See ICE NDS, 2000, Standard, Admission and Release, Section (III)(J).

¹² "Staff must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include completing and processing forms, closing files, fingerprinting; returning personal property; and reclaiming facility-issued clothing, bedding, etc. INS will approved [*sic*] the IGSA release procedures." See ICE NDS 2000, Standard, Admission and Release Section (III)(J). *Note:* The NDS outline is erroneous; the cited section should be (III)(L).

¹³ "...If an oral grievance is resolved to the detainee's satisfaction at any level of review, the staff member need not provide the detainee written confirmation of the outcome, however the staff member will document the results for the record and place his/her report in the detainee's detention file." See ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(A)(1).

FOOD SERVICE (FS)

ODO's inspection of the kitchen area found a French knife with a 12-inch blade properly cabled to a workstation in the main kitchen; however, ODO observed the knife being used was not directly supervised by a staff member (**Deficiency FS-1¹⁴**).

Additionally, ODO found a cover plate missing on an electrical outlet located underneath the dish washing food tray scrapping table in the food service area (**Deficiency FS-2¹⁵**). This area becomes very wet and poses a hazardous situation.

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by placing a cover plate over the exposed electrical outlet (**C-6**).

Although ODO observed the detainees' food carts being delivered by security staff, ODO subsequently observed a food service inmate worker delivering unsupervised, unlocked food carts to housing units occupied by populations other than ICE detainees. ODO notes this as an **Area of Concern** as it demonstrates the potential for inmate workers to deliver unsupervised, unlocked food carts to the ICE detainee units.

ODO observed each detainee's name labeled on special diet food trays. This procedure poses a potential security threat and ODO notes this as an **Area of Concern**.

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by revising their policy to preclude placing the detainee's name on special diet food trays (**C-7**).

VISITATION (V)

ODO reviewed WDF's visitation policy, interviewed facility staff and found procedures have not been established to identify when animals may accompany human visitors onto facility grounds or into the facility (**Deficiency V-1¹⁶**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by revising their policy to prohibit visitors from bringing animals onto the facility grounds, except for service animals accompanying persons with disabilities (**C-8**).

¹⁴ "...Knives must be physically secured to workstations for use outside a secure cutting room. Any detainee using a knife outside a secure area must receive direct staff supervision." See ICE NDS 2000, Standard, Food Service, Section (III)(B)(2).

¹⁵ "Light fixtures, vent covers, wall-mounted fans, decorative materials, and similar equipment and materials attached to walls or ceilings shall be maintained in good repair." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(12)(d).

¹⁶ "Each facility shall establish and disseminate a policy and implementing procedures governing whether and, if so, under what circumstances animals may accompany human visitors onto or into facility property." See ICE NDS 2000, Standard, Visitation, Section (III)(O)(4).

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO inspected WDF's main chemical storage room and found inventory records for hazardous chemicals were inaccurate and were not being properly maintained. ODO found inaccurate inventories for four chemicals in the main chemical storage room: [REDACTED] (Deficiency EH&S-1¹⁷). ODO notes that at the time of the inspection, the safety manager was in the process of relocating and consolidating chemicals into another area of the facility.

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by having the safety manager update inventories for all chemicals in the main chemical storage room, which ODO verified (C-9).

USE OF FORCE (UOF)

Facility supervisors and correctional officers who have direct contact with inmates and detainees wear [REDACTED] in case of immediate or calculated UOF incidents. ODO's review of a calculated UOF incident found the facility correctional emergency response team (CERT) had not continuously video recorded the incident. [REDACTED]

(Deficiency UOF-1¹⁸).

HEALTH SERVICES

MEDICAL CARE (MC)

ODO reviewed medical staff credential files and found cardiopulmonary resuscitation certification cards were expired for [REDACTED] nurses and the Drug Enforcement Agency license for the contract

¹⁷ "Every area will maintain a running inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area. Inventory records will be maintained separately for each substance, with entries for each logged on a separate card (or equivalent). That is, the account keeping will not be chronological, but filed alphabetically, by substance (dates, quantities, etc.)." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(A).

¹⁸ "When a detainee must be forcibly moved and/or restrained during a calculated use of force, the use-of-force team technique shall apply...

g. Calculated-use-of-force videotape will be edited as follows:

1. Introduction by Team Leader, stating facility name, location, time, date, etc.; describing the incident that led to the calculated use of force; and naming the video-camera operator and other staff present.
2. Faces of all team members briefly appear [REDACTED], one at a time, identified by name and title.
3. Team Leader offering detainee last chance to cooperate before team action, outlining use-of-force procedures, engaging in confrontation avoidance, and issuing use-of-force order.
4. Entire tape of Use-of-Force Team operation, unedited, until detainee in restraints.
5. Close-ups of detainee's body during medical exam, focusing on the presence/absence of injuries; staff injuries, if any, described but not shown.
6. Debriefing, including full discussion/analysis/assessment of incident."

See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4)(g).

dentist was also expired (**Deficiency MC-1**¹⁹).

ODO's review of 25 detainee medical files found four instances in which the facility did not complete physical examinations of detainees within 14 days of their arrival to the facility (**Deficiency MC-2**²⁰).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 17 standards under NDS 2000 and found the facility in compliance with 9 of those standards. ODO found 15 deficiencies in the remaining 8 standards. ODO commends facility staff for their responsiveness during this inspection and notes there were nine instances in which staff initiated immediate corrective action.

In addition to the deficiencies identified above, ODO noted two **Areas of Concern** in the Food Service standard. ODO observed an unsupervised inmate food service worker delivering unlocked food carts to housing units occupied by non-detainees, and that special diet food trays were labeled with detainees' names. ODO recommends ERO work with the facility to resolve any outstanding deficiencies, in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2019 (NDS 2000)	FY 2020 (NDS 2000)
Standards Reviewed	N/A	17
Deficient Standards	N/A	8
Overall Number of Deficiencies	N/A	15
Deficient Priority Components	N/A	N/A
Repeat Deficiencies	N/A	N/A
Corrective Actions	N/A	9

¹⁹ "The health care staff will have a valid professional licensure and or certification. The USPHS, Division of Immigration Health Services, will be consulted to determine the appropriate credentials requirements for health care providers." See ICE NDS 2000, Standard, Medical Care, Section (III)(C).

²⁰ "...The health care provider of each facility will conduct a health appraisal and physical examination on each detainee within 14 days of arrival at the facility." See ICE NDS 2000, Standard, Medical Care, Section (III)(D).