

Office of Professional Responsibility

Glades County Detention Center

Inspection 2026-001-111

March 3-5, 2026



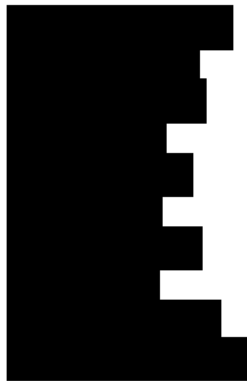
U.S. Immigration
and Customs
Enforcement

**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 (OPR) Office of Detention Oversight (ODO) conducted an inspection of the Glades County Detention Center (GCDC) in Moore Haven, Florida, from March 3 to 5, 2026.¹ The facility opened in 2007 and is owned by Glades County and operated by Glades County Sheriff. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at GCDC in 2017 under the oversight of ERO’s Field Office Director in Miami (ERO Miami). The facility is a non-dedicated ICE detention facility and operates under National Detention Standards (NDS) 2019.

ERO has deportation officers assigned full-time to the facility. They are on-site Monday through Friday, from 8 a.m. to 4 p.m. A commander handles daily facility operations and manages support personnel. Trinity Services provides food services, YesCare provides medical care, and Keefe Commissary Network provides commissary services at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	
Average ICE Population ³	
Adult Male Population (as of March 3, 2026)	
Adult Female Population (as of March 3, 2026)	

During its last inspection in Fiscal Year (FY) 2022,⁴ ODO found 6 deficiencies in the following areas: Admission and Release (1); Correspondence and Other Mail (2); Funds and Personal Property (1); Medical Care (1); and Personal Hygiene (1).

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

² Data Source: ERO Custody Management Division Authorized Facility List as of February 26, 2026.

³ *Ibid.*

⁴ GCDC terminated its contract with ICE in October 2022 and did not resume housing detainees until it renewed its contract in April 2025.

INSPECTION PROCESS

ODO conducts the following annual and biennial oversight inspections of ICE detention facilities to assess and rate each facility’s compliance with their contractually obligated detention standards as noted in the Facility Overview section above.

- Dedicated facility: ODO conducts annual on-site inspections of dedicated inter-governmental service agreement (IGSA) facilities, contract detention facilities (CDF), family residential centers, and service processing centers.
- Non-dedicated IGSA facility:
 - For facilities with an average daily population (ADP) of 50 or more, ODO conducts biennial on-site inspections.
 - For facilities with an ADP of 50 or less,
 - If the facility has not previously had a rated ODO inspection, then ODO conducts an initial on-site inspection, and
 - If the facility has had an ODO inspection, then the facility completes a biennial ODO-assisted self-inspection process (OASIP).
- U.S. Marshal Service (USMS): USMS CDF and intergovernmental agreement facilities complete biennial OASIPs.

In FY 2025, ODO implemented OASIPs, which replaced the annual Special Review inspections ODO conducted at most low ADP and/or short-term use facilities. This new inspection framework is more reflective of the actual operation demand of facilities with a low ADP and/or short-term use. OASIP inspections focus on facility compliance with detention standard requirements that directly affect detainee life, health, safety, and/or well-being. Facilities have 30 calendar days to complete the OASIP inspection and ODO staff will go on-site for 1 day towards the end of the 30-day inspection window to observe facility conditions, interview ICE detainees, and spot-check the facility’s reported findings.⁵

ODO defines a “deficiency” as any violation of detention standards, policies, or operational procedures, as applicable. ODO highlights instances when the facility resolves deficiencies prior to the completion of the ODO inspection as corrective actions. Where applicable, these corrective actions are annotated with a “C” in the *Inspection Findings* section of the report.

Upon completion of each inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. ODO shares a summary of these findings with ERO management officials. Thereafter, ODO provides ICE leadership with a final report to: (i) assist ERO in developing and initiating a uniform corrective action plan (UCAP); 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.

⁵ When ODO conducts on-site inspections for non-OASIP facilities, the facility is notified 4 weeks before the inspection and ODO is on-site for 2-3 business days conducting the inspection.

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected 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	6
Funds and Personal Property	0
Post Orders	0
Searches of Detainees	0
Use of Force and Restraints	0
Special Management Units	0
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	1
Sub-Total	7
Part 4 - Care	
Food Service	1
Hunger Strikes	1
Medical Care	7
Personal Hygiene	0
Significant Self-Harm and Suicide Prevention and Intervention	10
Sub-Total	19
Part 5 - Activities	
Correspondence and Other Mail	0
Religious Practices	0
Telephone Access	0
Voluntary Work Program	0
Sub-Total	0
Part 6 - Justice	
Grievance System	1
Law Libraries and Legal Material	0
Sub-Total	1
Part 7 - Administration and Management	
Detention Files	0
Detainee Transfers	0
Sub-Total	0
Total Deficiencies	27

⁶ For greater detail on ODO's findings, see the *Inspection Findings* section of this report.

DETAINEE RELATIONS

ODO interviewed 38 detainees, who each voluntarily agreed to participate. ODO requested interviews with 12 additional detainees; however, all 12 detainees declined ODO's request for an interview. None of the detainees ODO interviewed made allegations of discrimination, mistreatment, or abuse. All 38 detainees reported satisfaction with the facility services.

INSPECTION FINDINGS

SECURITY

FACILITY SECURITY AND CONTROL (FSC)

ODO interviewed the facility commander, observed the housing units and the medical clinic, and found the facility did not maintain adequate supervision of detainees due to insufficient staffing levels. Specifically, ODO observed various detainees wandering in secure areas of the facility without any supervision (**Deficiency FSC-3**⁷).

ODO interviewed the facility commander and found the facility had not developed nor documented comprehensive detainee supervisory guidelines, a comprehensive staffing analysis, and a staffing plan (**Deficiency FSC-4**⁸).

ODO interviewed the facility commander and found the facility had no detainee supervisory guidelines, comprehensive staffing analysis, or staffing plan that was reviewed and updated at least annually (**Deficiency FSC-5**⁹).

ODO reviewed the facility's tool control policy and found the facility did not follow its policy. Specifically, the facility did not maintain a tool inventory and did not consistently inspect and take inventory of all contractors before and after they brought tools into the facility (**Deficiency FSC-22**¹⁰). **This is a priority component.**

ODO interviewed the facility commander and the maintenance supervisor, toured the maintenance department, and found the facility did not maintain a tool inventory (**Deficiency FSC-24**¹¹).

ODO interviewed the facility commander and the maintenance supervisor, observed the facility entrance area, reviewed the facility visitor logbook, and found the facility did not document,

⁷ "Security staffing shall be sufficient to maintain facility security and prevent or minimize events that pose a risk of harm to persons and property." See ICE NDS 2019, Standard, Facility Security and Control, Section (II)(A).

⁸ "The facility shall develop and document comprehensive detainee supervision guidelines, as well as a comprehensive staffing analysis and staffing plan, to determine and meet the facility's detainee supervision needs; these shall be reviewed and updated at least annually." See ICE NDS 2019, Standard, Facility Security and Control, Section (II)(A).

⁹ *Ibid*

¹⁰ "Every facility will establish a tool-control policy with which all employees shall comply." See ICE NDS 2019, Standard, Facility Security and Control, Section (II)(F).

¹¹ "These inventories shall be kept current and readily available." See ICE NDS 2019, Standard, Facility Security and Control, Section (II)(F).

inspect, nor inventory visitors' tools, toolboxes, and equipment that could be used as weapons, before entering and leaving the facility (**Deficiency FSC-25¹²**).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO interviewed the facility commander, reviewed the facility's written SAAPI policy and procedure, and found the policy and procedure had not been reviewed and approved by ERO Miami (**Deficiency SAAPI-14¹³**).

CARE

FOOD SERVICE (FS)

ODO toured the FS department and observed three missing ceiling vents directly over the dish washing machine and ice machine. ODO also observed chipped paint and a leaking water pipe in the ceiling area above the dough mixer, oven, four-burner stove, and food preparation tables. These deficiencies exposed dust, overhead leakage, chipping paint, residue from the water pipe, and other sources of contamination to the detainee food and ice (**Deficiency FS-43¹⁴**).

HUNGER STRIKES (HS)

ODO interviewed the facility health services administrator (HSA), reviewed 24 medical staff and 20 non-medical staff training records, and found in 1 out of 24 medical staff training records, no initial hunger strike training (**Deficiency HS-1¹⁵**).

Corrective Action: Prior to the conclusion of the inspection, ODO reviewed 1 medical record and verified the facility medical staff member completed hunger strike training on March 3, 2026 (**C-1**).

MEDICAL CARE (MC)

ODO interviewed the facility HSA, reviewed █ detainee medical files, and found in █ out of █ files, no medical, dental, nor mental health screening was conducted within 12 hours of admission by a health care practitioner or a specially trained detention officer (**Deficiency MC-12¹⁶**). **This is a priority component.**

¹² "All visitors who are not ICE/ERO officials or facility employees, including repair and maintenance workers, shall submit to an inspection and inventory of all tools, toolboxes, and equipment that could be used as weapons before entering and leaving the facility." See ICE NDS 2019, Standard, Facility Security and Control, Section (II)(G).

¹³ "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).

¹⁴ "Food and ice will be protected from dust, insects and rodents, unclean utensils and work surfaces, unnecessary handling, coughs and sneezes, flooding, drainage, overhead leakage, and other sources of contamination." See ICE NDS 2019, Standard, Food Service, Section (II)(E)(3).

¹⁵ "All staff shall be trained initially and annually thereafter to recognize the signs of a hunger strike, and to implement the procedures for referral for medical assessment and for management of a detainee on a hunger strike." See ICE NDS 2019, Standard, Hunger Strikes, Section (II)(A).

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

ODO interviewed the facility HSA, reviewed █ detainee medical files, and found in █ out of █ files, no screening 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 (**Deficiency MC-13**¹⁷). **This is a priority component.**

ODO interviewed the facility HSA, reviewed the facility's medical care policy and procedure, reviewed █ detainee medical files, and found:

- In █ out of █ files, a detainee did not receive tuberculosis (TB) screening prior to being housed in the general population (**Deficiency MC-18**¹⁸). **This is a priority component;**
- In █ out of █ files, the detainees did not receive a comprehensive health assessment, including a physical examination and mental health screening within 14 days of arrival at the facility (**Deficiency MC-27**¹⁹). **This is a priority component;**
- In █ out of █ files, a detainee did not receive an initial screening, to include evaluation for use of or dependence on mood and mind-altering substances including alcohol, opiates, hypnotics, and sedatives (**Deficiency MC-31**²⁰);
- In █ out of █ files, the detainees did not receive an initial dental screening within 14 days of arrival (**Deficiency MC-43**²¹); and
- In █ out of █ files, the medical staff did not obtain specific signed and dated consent forms from detainees before any medical examination or treatment, except in emergency circumstances (**Deficiency MC-92**²²). **This is a priority component.**

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.” See ICE NDS 2019, Standard, Medical Care, Section (II)(D).

¹⁷ *Ibid*

¹⁸ “All new arrivals shall receive tuberculosis (TB) screening in accordance with the most current Centers for Disease Control and Prevention (CDC) guidelines, including, but not limited to, CDC Guidelines for Correctional Facilities, prior to being placed in general population.” See ICE NDS 2019, Standard, Medical Care, Section (II)(D)(1).

¹⁹ “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).

²⁰ “During the initial screening, all detainees shall be evaluated for their use of or dependence on mood and mind-altering substances including alcohol, opiates, hypnotics, and sedatives.” See ICE NDS 2019, Standard, Medical Care, Section (II)(F).

²¹ “An initial dental screening exam shall be performed within 14 days of the detainee’s arrival.” See ICE NDS 2019, Standard, Medical Care, Section (II)(H).

²² “The facility health care practitioner will obtain specific signed and dated consent forms from all detainees before any medical examination or treatment, except in emergency circumstances.” See ICE NDS 2019, Standard, Medical Care, Section (II)(O).

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

ODO reviewed [REDACTED] detainee medical files and found in [REDACTED] out of [REDACTED] files:

- The detainee did not receive an initial mental health screening within 12 hours of admission by a health care practitioner or specially trained detention officer (**Deficiency SSHSPI-5²³**). **This is a priority component;**
- No information was obtained regarding a history of suicidal behavior and current suicidal ideation (**Deficiency SSHSPI-6²⁴**); and
- No initial mental health screening was documented on the intake screening form (**Deficiency SSHSPI-7²⁵**).

ODO reviewed [REDACTED] suicide watch medical files of detainees and found:

- In [REDACTED] out of [REDACTED] files, no daily re-evaluation was completed by the mental health provider (or health care practitioner) for detainees placed on suicide precautions (**Deficiency SSHSPI-15²⁶**);
- In [REDACTED] out of [REDACTED] files, no documentation of re-evaluation of suicide precautions (**Deficiency SSHSPI-16²⁷**);
- In [REDACTED] out of [REDACTED] files, no follow-up appointments based on the severity of the detainees' medical conditions (**Deficiency SSHSPI-19²⁸**);
- In [REDACTED] out of [REDACTED] files, 9 watch log entries occurred between 16 and 30 minutes from the previously documented monitoring period for a detainee on constant monitoring (**Deficiency SSHSPI-21²⁹**). **This is a priority component;**
- In [REDACTED] out of [REDACTED] files, 4 out of 7 documented welfare checks occurred between 25 and 32 hours from the previous welfare check for a detainee on constant monitoring (**Deficiency SSHSPI-22³⁰**);

²³ “All detainees shall receive an initial mental health screening within 12 hours of admission by a health care practitioner or a specially trained detention officer.” See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(C).

²⁴ “Information regarding a history of suicidal behavior and current suicidal ideation shall be obtained.” See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(C).

²⁵ “The results of the screening shall be documented on an intake screening form.” See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(C).

²⁶ “Detainees placed on suicide precautions shall be reevaluated by a mental health provider (or a health care practitioner) on a daily basis to assess any changes that indicate a need for change in the level of supervision (i.e., constant watch, close observation, or removal from suicide precautions).” See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(D).

²⁷ “Each re-evaluation must be documented in the detainee’s medical record.” See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(D).

²⁸ “The timing of follow up appointments should be based on the level of acuity.” See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(E).

²⁹ “The monitoring must be documented every 15 minutes or more frequently if necessary.” See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(F).

³⁰ “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).

- In █ out of █ files, 34 of 45 documented staggered checks occurred between 22 minutes, and 18-hours and 30-minutes from the previously staggered checks (**Deficiency SSHSPI-27**.³¹); and
- In █ out of █ files, medical staff did not perform welfare checks every 8 hours. Specifically, welfare checks occurred between 12 and 34 hours, or did not occur at all in 1 file (**Deficiency SSHSPI-28**.³²).

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO interviewed the grievance coordinator, reviewed the grievance log, and found the facility did not forward grievances alleging staff misconduct in six out of six complaints to ERO Miami (**Deficiency GS-29**.³³). **This is a priority component.**

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 24 standards under NDS 2019 and found the facility in compliance with 17 of those standards. ODO found 27 deficiencies in 7 standards. Since GCDC last inspection in January 2022, the facility’s compliance with NDS 2019 has trended downward. GCDC went from 5 deficient standards and 6 deficiencies in January 2022 to 7 deficient standards and 27 deficiencies during this most recent inspection. ODO did not receive a UCAP for its last inspection of GCDC in January 2022, so ODO could not assess what impact a UCAP had on the facility’s overall compliance with NDS 2019. ODO recommends ERO Miami continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

Inspection Results Compared	FY 2022 NDS 2019	FY 2026 NDS 2019
Standards Reviewed	19	24
Deficient Standards	5	7
Overall Number of Deficiencies	6	27
Priority Component Deficiencies	0	9
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	1	1
Facility Rating	Superior	Acceptable/Adequate

³¹ “The monitoring shall consist of staggered checks at intervals not to exceed 15 minutes (e.g., every 5, 10, 7 minutes) and be documented.” See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(F).

³² “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).

³³ “The facility must forward all detainee grievances containing allegations of staff misconduct to ICE/ERO.” See ICE NDS 2019, Standard, Grievance System, Section (II)(F).



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