



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**

**Bristol County Detention Center
North Dartmouth, Massachusetts**

April 12-16, 2021

COMPLIANCE INSPECTION
of the
BRISTOL COUNTY DETENTION CENTER
North Dartmouth, Massachusetts

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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 Bristol County Detention Center (BCDC) in North Dartmouth, Massachusetts, from April 12 to 16, 2021.¹ The facility opened in 1990 and is owned and operated by Bristol County. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at BCDC in 2001 under the oversight of ERO's Field Office Director (FOD) in Boston (ERO Boston). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2008.

ERO has assigned deportation officers and a detention services manager to the facility. A BCDC superintendent handles daily facility operations and manages █ personnel. Trinity Food Service provides food services, Correctional Psychiatric Services provides medical care, and Keefe provides commissary services at the facility. The facility received accreditation by the American Correctional Association in January 2020 and the National Commission on Correctional Health Care in April 2020.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	30
Average ICE Detainee Population ³	█
Male Detainee Population (as of April 12, 2021)	█
Female Detainee Population (as of April 12, 2021)	0

During its last inspection, in Fiscal Year (FY) 2020, ODO found 13 deficiencies in the following areas: Environmental Health and Safety (1); Admission and Release (2); Custody Classification System (2); Funds and Personal Property (1); Special Management Units (2); Use of Force and Restraints (2); Medical Care (1); Personal Hygiene (1); and Grievance System (1).

¹ This facility holds male and female 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 April 12, 2021.

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 PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2008 MAJOR CATEGORIES

PBNDs 2008 Standards Inspected ⁵	Deficiencies
Part 1 – Safety	
Emergency Plans	0
Environmental Health and Safety	1
Sub-Total	1
Part 2 – Security	
Admission and Release	0
Classification System	0
Facility Security and Control	3
Funds and Personal Property	0
Population Counts	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	10
Staff-Detainee Communication	2
Use of Force and Restraints	1
Sub-Total	16
Part 4 – Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Suicide Prevention and Intervention	0
Sub-Total	0
Part 5 – Activities	
Religious Practices	0
Telephone Access	0
Sub-Total	0
Part 6 – Justice	
Grievance Systems	2
Law Libraries and Legal Material	0
Sub-Total	2
Other Standards Reviewed	
Federal Performance-Based Detention Standards (FPBDS), Section A.7 Detainees with Disabilities	0
Sub-Total	0
Total Deficiencies	19

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

DETAINEE RELATIONS

ODO interviewed four detainees, who each voluntarily agreed to participate. The remaining three detainees declined to interview with ODO. 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 conducted detainee interviews via video teleconference.

Food Service: All of the detainees interviewed stated the food menu was repetitive, and three out of four detainees stated the facility staff consistently did not cook the food completely.

- Action Taken: ODO interviewed the food services director (FSD) and reviewed the 35-day food menu for BCDC, nutritional information, and photos of food prepared. ODO found diversity in the 35-day menu cycle because it contained an ample variety of menu items and meals prepared for the detainee population. A registered dietician reviewed and approved all food menus, indicating the meals met or exceeded recommended nutrient requirements. The FSD informed ODO that meals were fully cooked and palatable; however, increased oversight of finished food products and further training for food service workers will be provided to reinforce the importance of ensuring that all menu items are cooked to standard and taste-tested. Since this was a remote contingency inspection, ODO was unable to taste-test items as served from the menu. The FSD informed detainees to report any issues regarding food or food preparation to facility staff who will take immediate and appropriate corrective action.

Medical Care: One detainee stated his left shoulder was in pain for the last 6 months, and medical staff had not provided care other than pain medication.

- Action Taken: ODO requested information from the health services administrator (HSA) who conducted a medical record review and found that on May 16, 2020, the detainee complained that he fell on his left chest area while walking upstairs as he was being escorted to his cell from the shower in the special management unit (SMU). The nurse examined the detainee after the fall and found no noticeable injuries; however, the detainee said he had minor pain in the rib area but reported to the nurse that he felt fine. On May 26, 2020, the detainee complained of pain in his left ankle from the reported fall on May 16, 2020. On June 1, 2020, medical staff performed an x-ray of his left ankle and found no fracture. On September 14 and September 16, 2020, the nurse practitioner (NP) evaluated the detainee for a complaint of left shoulder pain. The NP prescribed pain medication (Motrin) and a thromboembolism-deterrent sleeve and advised the detainee to decrease intensity of his exercise routine. On September 28, 2020, medical staff performed an x-ray of his left shoulder and found no fractures. Medical staff continued to manage his shoulder discomfort and instructed the detainee to report any significant changes in his condition should they occur.

Medical Care: One detainee stated he had COVID-19, and facility staff housed him in a SMU cell instead of the medical unit.

- Action Taken: ODO requested information from the HSA who conducted a medical record review and found that the medical staff placed the detainee in medical isolation

on February 4, 2021, due to the detainee reporting COVID-19 symptoms. On February 5, 2021, medical staff tested the detainee for COVID-19 and received a positive test result on February 7, 2021. Since the facility had limited isolation housing, the facility physician and security staff collaborated on whether to house the detainee in a medical unit or an SMU, based on the detainee's severity of symptoms. Medical staff evaluated the detainee twice daily while in isolation. He tested negative for COVID-19 on February 18, 2021, and the physician released the detainee from isolation on February 22, 2021. A subsequent follow-up COVID-19 test, dated March 9, 2021, was negative.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed the emergency generator test logs and found the [REDACTED] generator tests did not include a check of amperage output (**Deficiency EHS-28⁶**).

SECURITY

FACILITY SECURITY AND CONTROL (FSC)

ODO found the facility's visitor logbook did not identify the person or department visited nor unusual requests (**Deficiency FSC-18⁷**).

Corrective Action: Prior to completion of the inspection, the facility completed corrective action by creating a new visitor log that included all the required information and issuing a memo to the staff to begin immediate use of the new visitor log (**C-1**).

ODO reviewed the facility's visitor logbook and found the post officer did not record the person nor department visited nor unusual requests into the visitor log, as required (**Deficiency FSC-31⁸**).

ODO reviewed the cell and area search logs and found the facility staff did not record the time facility staff conducted searches (**Deficiency FSC-109⁹**).

Corrective Action: Prior to completion of the inspection, the facility completed corrective action by creating a cell and area search log that contained a column for the time facility staff conducted the search and issued a memo instructing facility staff to use the new log

⁶ "Among other things, the technicians shall check starting battery voltage, generator voltage and amperage output." See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (V)(F).

⁷ "Every entry in the logbook shall identify the person or department visited; date and time of visitor's arrival; purpose of visit; unusual requests; and time of departure." See ICE PBNDS 2008, Standard, Facility Security and Control, Section (V)(C)(1)(b)(2).

⁸ "The post officer shall record every official visitor's arrivals and departures in the visitor logbook, providing the person or department visited; date and time of visitor's arrival; purpose of visit; unusual requests; and time of departure." See ICE PBNDS 2008, Standard, Facility Security and Control, Section (V)(C)(1)(d).

⁹ "Each housing unit, including the SMU, shall document cell and area searches in a search log that registers the date, time, and findings, including location(s) where contraband found, type(s) of contraband, and the searching officers' names." See ICE PBNDS 2008, Standard, Facility Security and Control, Section (V)(F)(3)(b).

immediately (C-2).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed 10 detainee detention files and found 5 out of 10 files did not contain documentation detainees were offered to shave and shower at least 3 times weekly and receive other basic services such as laundry, hair care, barbering, clothing, bedding, and linen equivalent to general population detainees and consistent with safety and security of the facility (**Deficiency SMU-34**¹⁰).

ODO reviewed 10 detainee detention files and found 10 out of 10 files did not contain a disciplinary segregation order indicating the time and date of release from segregation (**Deficiency SMU-137**¹¹).

ODO reviewed 10 detainee detention files and found 5 out of 10 files did not contain SMU record forms and 10 out of 10 files did not contain disciplinary segregation orders, as required (**Deficiency SMU-144**¹²).

ODO reviewed 10 detainee detention files and found 5 out of 10 files did not contain a permanent log to record activities concerning the SMU detainees, such as meals served, recreational time, and visitors (**Deficiency SMU-147**¹³).

ODO reviewed 10 detainee detention files and found in 5 out of 10 files, facility staff did not immediately, upon a detainee's placement in the SMU, prepare a Special Management Housing Unit Record (Form I-888), or equivalent, as required (**Deficiency SMU-151**¹⁴).

ODO reviewed 10 detainee detention files and found 5 out of 10 files did not contain a Form I-888 or equivalent, as required for IGSA facilities (**Deficiency SMU-152**¹⁵).

ODO reviewed 10 detainee detention files and found in 5 out of 10 files, SMU officers did not print their name or sign the record, nor record whether the detainee ate, showered, recreated, or took any medication, and any other additional information, such as whether the detainee had a

¹⁰ "In accordance with the Detention Standard on Personal Hygiene, detainees in SMUs may shave and shower at least three times weekly and receive other basic services such as laundry, hair care, barbering, clothing, bedding, and linen equivalent to general population detainees and consistent with safety and security of the facility." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(B)(11).

¹¹ "When the detainee is released from the SMU, the releasing officer shall indicate date and time of release on the Disciplinary Segregation Order, then forward the completed order to the chief of security for insertion into the detainee's detention file." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(D)(2)(b).

¹² "All review documents shall be placed in the detainee's detention file." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(D)(3)(b).

¹³ "A permanent log shall be maintained in the SMU to record all activities concerning the SMU detainees, such as the meals served, recreational time, and visitors." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(E)(1).

¹⁴ "Special Management Housing Unit Record, (Form I-888) or equivalent shall be prepared immediately upon a detainee's placement in the SMU." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(E)(3).

¹⁵ "CDFs and IGSA facilities shall use the Form I-888 or comparable form for this purpose as well." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(E)(3).

medical condition, or had exhibited suicidal/assaultive behavior (**Deficiency SMU-153**¹⁶).

ODO reviewed 10 detainee detention files and found 5 out of 10 files did not have documentation the facility's medical officer visited the detainees in the SMU (**Deficiency SMU-154**¹⁷).

ODO reviewed 10 detainee detention files and found in 5 out of 10 files, the SMU officers did not initial the record after medical staff personnel completed their visits (**Deficiency SMU-155**¹⁸).

ODO reviewed 10 detainee detention files and found in 5 out of 10 files, facility staff did not create a new Form I-888 for each week the facility housed the detainees in the SMU (**Deficiency SMU-156**¹⁹).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO interviewed ERO Boston staff and found ERO Boston supervisory staff did not conduct [REDACTED] (**Deficiency SDC-9**²⁰).

ODO interviewed ERO Boston staff and found ERO Boston staff did not document [REDACTED] contact visits as required (**Deficiency SDC-11**²¹).

USE OF FORCE AND RESTRAINTS (UOFR)

ODO interviewed the facility's security supervisors and found the facility would not release use of force audiovisual records to the news media if authorized by ERO, in accordance with ICE/ERO procedures and rules of accountability (**Deficiency UOFR-93**²²).

¹⁶ "The special housing unit officer shall immediately record:

- Whether the detainee ate, showered, recreated, and took any medication; and
- Any additional information, such as whether the detainee has a medical condition, or has exhibited suicidal/assaultive behavior.
- The officer that conducts the activity will print his/her name and sign the record." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(E)(3)(a).

¹⁷ "The facility medical officer shall sign each individual's record when he or she visits a detainee in the SMU." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(E)(3)(b).

¹⁸ "The housing officer shall initial the record after the medical visits are completed, but no later than the end of the shift." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(E)(3)(b).

¹⁹ "A new Form I-888 must be created for each week the detainee is in the SMU." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(E)(3)(c).

²⁰ "These unannounced visits shall be conducted at [REDACTED] See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(A)(1).

²¹ "Each facility shall develop a method to document the [REDACTED] and ICE/DRO staff shall document their visits to IGSA's." See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(A)(1).

²² "Release of use-of-force audiovisual recordings to the news media may occur only if authorized by the Director of Detention and Removal Operations, in accordance with ICE/DRO procedures and rules of accountability." See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(K).

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed the facility's emergency grievance procedures and found the protocol for emergency grievance procedures did not bring the grievance matter to the immediate attention of the facility administrator (**Deficiency GS-33**²³).

ODO reviewed the facility's grievance policy and found it did not require staff to notify the facility administrator nor shift supervisor of an emergency grievance if the first responding staff confirmed the legitimacy of the detainee's claim of an emergency (**Deficiency GS-35**²⁴).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 20 standards under PBNDS 2008 and found the facility in compliance with 14 of those standards. ODO found 19 deficiencies in the remaining 6 standards. ODO commends facility staff for its responsiveness during this inspection and notes there were two instances where the facility's staff initiated immediate corrective action during the inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2020 PBNDS 2008	FY 2021 PBNDS 2008
Standards Reviewed	19	20
Deficient Standards	9	6
Overall Number of Deficiencies	13	19
Repeat Deficiencies	5	0
Areas of Concern	0	0
Corrective Actions	0	2

²³ "The protocol for emergency grievance procedures shall bring the matter to the immediate attention of the facility administrator, even if it is later determined that it is not a true emergency and the grievance is subsequently routed through normal, non-emergency channels." See ICE PBNDS 2008, Standard, Grievance System, Section, (V)(C)(2).

²⁴ If the shift supervisor concurs that the grievance represents an emergency, it shall receive the immediate attention of the facility administrator." See ICE PBNDS 2011, Standard, Grievance System, Section, (V)(C)(2).