



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**

**Franklin County House of Corrections
Greenfield, Massachusetts**

March 15-19, 2021

COMPLIANCE INSPECTION
of the
FRANKLIN COUNTY HOUSE OF CORRECTIONS
Greenfield, 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 Franklin County House of Corrections (FCHC) in Greenfield, Massachusetts, from March 15 to 19, 2021.¹ The facility opened in 2007, is owned by the Commonwealth of Massachusetts, and is operated by the Franklin County Sheriff’s Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at FCHC in 2007 under the oversight of ERO’s Field Office Director (FOD) in Boston (ERO Boston). The facility operates under the National Detention Standards (NDS) 2000.²

ERO has assigned deportation officers part-time to the facility. An FCHC superintendent handles daily facility operations and is supported by █ personnel. FCHC provides food services and medical care, and Keefe provides commissary services at the facility. The facility is accredited by the National Commission on Correctional Health Care in July 2011. In 2019, FCHC was audited for the Department of Justice (DOJ) Prison Rape Elimination Act (PREA).

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ³	90
Average ICE Detainee Population ⁴	█
Male Detainee Population (as of March 15, 2021)	█
Female Detainee Population (as of March 15, 2021)	N/A

During its last inspection, in Fiscal Year (FY) 2020, ODO found 10 deficiencies in the following areas: Admission and Release (1); Environmental Health and Safety (1); Medical Care (2); Special Management Units (3); and Use of Force and Restraints (3).

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

² ERO Custody Management Division informed ODO on March 31, 2021, FCHC was one of several U.S. Marshals Service intergovernmental agreement facilities in which ODO should inspect under the NDS 2000 instead of the NDS 2019. ODO inspected FCHC against NDS 2019 before receiving this updated guidance and ODO verified all findings against the NDS 2000 prior to citing as a deficiency in this report.

³ Data Source: ERO Facility List Report as of March 15, 2021.

⁴ *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.⁵

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.

⁵ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected ^{6&7}	Deficiencies
Part 1 – Detainee Services	
Access to Legal Material	0
Admission and Release	0
Detainee Classification System	0
Detainee Grievance Procedures	0
Food Service	4
Funds and Personal Property	4
Religious Practices	0
Staff-Detainee Communication	0
Telephone Access	1
Sub-Total	9
Part 2 – Security and Control	
Emergency Plans	0
Environmental Health and Safety	0
Population Counts	0
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	1
Sub-Total	1
Part 3 – Health Services	
Hunger Strikes	0
Medical Care	3
Suicide Prevention and Intervention	0
Sub-Total	3
Other Standards Inspected	
NDS 2019 Sexual Abuse and Assault Prevention and Intervention	0
NDS 2019 Disability Identification, Assessment, and Accommodation	0
Sub-Total	0
Total Deficiencies	13

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

⁷ Beginning in FY 2021, ODO added Emergency Plans, Facility Security and Control, Population Counts, Hunger Strikes, and Staff Training as core standards. NDS 2019 does not include Emergency Plans, Population Counts, nor Staff Training as individual standards; however, those specific requirements are resident in other core standards.

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. ODO attempted to conduct detainee interviews via video teleconference; however, the ERO field office and facility were not able to accommodate this request due to technology issues. Therefore, all detainee interviews were completed via telephone.

Medical Care: One detainee stated his feet were swollen and he couldn't walk. Additionally, he stated he submitted a medical request but no one from the facility's medical staff evaluated his condition.

- Action Taken: ODO requested information from the health services administrator and found the detainee is a 76-year-old male detainee with metabolic syndrome, poorly controlled diabetes, and hypertension. The facility's medical staff monitors the detainee through their chronic-care clinic, order medical tests as needed, and regularly conduct medical evaluations. On March 16, 2021, the detainee submitted a medical request to the sick call nurse, in which he asked the facility's medical staff for a diet change due to swollen feet. The detainee's treatment plan already included a medically prescribed, low-carbohydrate diet; however, during his medical appointment on March 16, 2021, the detainee reported eating snack foods, chips, and noodle soups, which are contradictory to his prescribed diet. The facility's medical staff educated the detainee on making better choices regarding dietary supplements. The facility's medical staff reported the detainee has exhibited poor patient compliance; however, they will continue to monitor his condition in their chronic care clinic.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

FOOD SERVICE (FS)

ODO interviewed the food service director (FSD) and found the facility retains food items not placed on the serving line for more than 24 hours. Further discussion with the FSD revealed the facility retained leftovers for 72-96 hours (**Deficiency FS-47⁸**).

ODO interviewed the FSD and found cutting boards, knives, food scoops, food inserts and other such tools, appliances and utensils the FS staff use for common-fare meals are not identified for common-fare only use (**Deficiency FS-66⁹**).

⁸ "Leftovers. Prepared food items which have not been placed on the serving line may be retained for no more than 24 hours. Leftovers offered for service a second time shall not be retained for later use but shall be discarded immediately after offering. All leftovers shall be labeled to identify the product, preparation date, and time." See ICE NDS 2000, Standard, Food Service, Section (II)(D)(8).

⁹ "Separate cutting boards, knives, food scoops, food inserts, and other such tools, appliances, and utensils shall be used to prepare common-fare foods and shall be identified accordingly." See ICE NDS 2000, Standard, Food Service, Section (II)(E)(8).

ODO interviewed the FSD and found the facility stores food items (meat/dairy) in separate areas; however, the FS staff does not store service utensils used with each group separately from each other (**Deficiency FS-67¹⁰**).

ODO reviewed hot water temperature log entries for 28 days and found the water temperatures were not consistently between 105-120 degrees Fahrenheit as required. Additionally, the facility recorded hot water temperatures during this inspection at 135 degrees Fahrenheit (**Deficiency FS-92¹¹**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the facility's general orders and found the facility completes a lost/damaged report and forwards it to ERO Boston; however, they did not have any procedures for investigating loss or damaged claims other than completing an incident report and contacting ERO Boston (**Deficiency FP&P-29¹²**). Prior to the completion of this inspection, the facility made changes to the general orders and local handbook to incorporate the requirements of the standard.

ODO reviewed the facility's general orders and found no policy indicating a supervisor would conduct the investigation (**Deficiency FP&P-30¹³**).

ODO reviewed the facility's general orders and found the facility does not have any procedures in place for investigating reports of lost/damaged property, including the facility promptly reimbursing detainees for all validated property losses caused by facility negligence. (**Deficiency FP&P-31¹⁴**). Prior to the completion of this inspection, the facility made changes to the general orders and local handbook to incorporate the requirements of the standard.

ODO reviewed the facility's general orders and found the facility does not have any procedures in place for investigating reports of lost/damaged property, including the facility immediately notifying ERO Boston for all claims and outcomes. (**Deficiency FP&P-32¹⁵**). Prior to the completion of this inspection, the facility made changes to the general orders and local handbook to incorporate the

¹⁰ "Meat and dairy food items and the service utensils used with each group shall be stored in areas separate from each other." See ICE NDS 2000, Standard, Food Service, Section (II)(E)(8).

¹¹ "Environmental Sanitation and Safety.....A ready supply of hot water (105-120 degrees F)." See ICE NDS 2000, Standard, Food Service, Section (II)(H)(5)(I).

¹² "Lost/Damaged Property in CDFs and IGSA's - 1. All procedures for investigating and reporting property loss or damage will be implemented as specified in this standard." See ICE NDS 2000, Standard, Funds & Personal Property, Section (III)(H)(1).

¹³ "Lost/Damaged Property in CDFs and IGSA's

All CDFs and IGSA facilities will have and follow a policy for loss of or damage to properly received detainee property as follows: ...

2. Supervisory staff will conduct the investigation." See ICE NDS 2000, Standard, Funds & Personal Property, Section (III)(H)(2).

¹⁴ "Lost/Damaged Property in CDFs and IGSA's

All CDFs and IGSA facilities will have and follow a policy for loss of or damage to properly received detainee property as follows: ...

5. They will promptly reimburse detainees for all validated property losses caused by facility negligence." See ICE NDS 2000, Standard, Funds & Personal Property, Section (III)(H)(5).

¹⁵ "Lost/Damaged Property in CDFs and IGSA's

All CDFs and IGSA facilities will have and follow a policy for loss of or damage to properly received detainee property as follows: ...

7. The senior contract officer will immediately notify the designated INS officer of all claims and outcomes." See ICE NDS 2000, Standard, Funds & Personal Property, Section (III)(H)(7).

requirements of the standard.

TELEPHONE ACCESS (TA)

ODO reviewed the facility's TA program and found the facility did not refrain from imposing an automatic cut-off, no shorter than 20 minutes, for calls to legal representatives. Specifically, the facility imposed a 15-minute automatic cut-off (**Deficiency TA-24**¹⁶).

ODO interviewed the facility staff and found the staff did not inspect detainee telephones daily. Specifically, ODO found the facility staff inspected the telephones weekly. ODO cited this as an **Area of Concern**.

SECURITY AND CONTROL

USE OF FORCE (UOF)

ODO reviewed the facility's only UOF incident, and immediate UOF incident, which occurred during this inspection period and found the facility had not completed and after-action review to ensure compliance with policy and these standards (**Deficiency UOF-96**¹⁷).

Corrective Action: On February 26, 2021, the facility updated their Use of Force General Order 505 with procedures to conduct an after-action review, to include using the ICE After-Action Review Form (**C-1**).

HEALTH SERVICES

MEDICAL CARE (MC)

ODO reviewed 12 medical files and found in 11 out of 12 files, the facility had not completed the detainees' physical examinations within 14 days of their arrival. Specifically, the facility completed the physical examinations 16-24 days after the detainees arrived (**Deficiency MC-27**¹⁸).

ODO reviewed 12 medical files and found in 11 out of 12 files, the facility had not completed the detainees' dental examinations within 14 days of their arrival. Specifically, the facility completed the dental examinations 16-24 days after the detainees arrived (**Deficiency MC-43**¹⁹).

¹⁶ "Telephone Usage Restrictions. The facility shall not restrict the number of calls a detainee places to his/her legal representatives, nor limit the duration of such calls by rule or automatic cut-off, unless necessary for security purposes or to maintain orderly and fair access to telephones. If time limits are necessary for such calls, they shall be no shorter than 20 minutes, and the detainee shall be allowed to continue the call if desired, at the first available opportunity." See ICE NDS 2000, Standard, Telephone Access, Section (III)(F).

¹⁷ "After-Action Review of Use of Force and Application of Restraints Incidents. Written procedures shall govern the use-of-force incident review, whether calculated or immediate, and the application of restraints. The review is to assess the reasonableness of the actions taken (force proportional to the detainee's actions), etc. IGSA will pattern their incident review process after INS. INS shall review and approve all After Action Review procedures." See ICE NDS 2000, Standard, Use of Force, Section (III)(K).

¹⁸ "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).

¹⁹ "Dental Treatment. An initial dental screening exam should be performed within 14 days of the detainee's arrival. If

ODO interviewed the health services supervisor/director and found the clinical medical authority did not determine the availability and placement of first aid kits (**Deficiency MC-56²⁰**).

ODO reviewed 12 medical intake screenings and found 4 out of 12 screenings contained affirmative responses for chronic medical conditions without an evaluation by a licensed health care practitioner within 2 working days. ODO cited this as an **Area of Concern**.

ODO reviewed 12 detainee medical health assessments and found a registered nurse (RN), without the requisite physician's training, conducted 1 out of 12 medical health assessments. ODO cited this as an **Area of Concern**.

ODO reviewed 12 detainee dental assessments and found either RNs or licensed practical nurses (LPNs) conducted 12 out of 12 dental assessments. However, ODO found nothing to indicate a dentist trained the RNs nor the LPNs on how to conduct the dental assessments. ODO cited this as an **Area of Concern**.

ODO reviewed three detainee medical records and the facility's medication administration record files and found the facility did not obtain a signed consent form from each detainee prior to administering psychotropic medications to the detainees. ODO cited this as an **Area of Concern**.

SUICIDE PREVENTION AND INTERVENTION (SPI)

ODO reviewed the facility's suicide prevention policy and found the policy did not require a mental health provider conduct welfare checks every [REDACTED] for detainees the facility placed on close monitoring status. ODO cited this as an **Area of Concern**.

ODO reviewed the facility's suicide prevention policy and found the policy did not require a mental health provider conduct welfare checks every [REDACTED] for detainees the facility placed in a suicide-resistant cell. ODO cited this as an **Area of Concern**.

OTHER STANDARDS INSPECTED

NDS 2019 SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility's Prison Rape Elimination Act (PREA) policy and found the facility's written policy does not include procedures for the investigation and discipline of the assailants, including coordinating with ICE/ERO and other agencies to ensure an administrative and/or criminal investigation is completed for all SAAPI/PREA allegations. ODO cited this as an **Area of Concern**.

no on-site dentist is available, the initial dental screening may be performed by a physician, physician's assistant or nurse practitioner." See ICE NDS 2000, Standard, Medical Care, Section (III)(E).

²⁰ "First Aid and Medical Emergencies. In each detention facility, the designated health authority and the OIC will determine the availability and placement of first aid kits consistent with the American Correctional Association requirements." See ICE NDS 2000, Standard, Medical Care, Section (III)(H).

ODO reviewed the facility’s PREA policy and found the facility’s written policy does not include procedures for the investigation and discipline of assailants, including coordinating with ICE OPR. ODO cited this as an **Area of Concern**.

ODO reviewed the facility’s SA-API postings and found they does not include the name of the facility’s current PREA program coordinator, whom detainees may contact to report incidents of sexual assault or abuse. ODO cited this as an **Area of Concern**.

ODO Reviewed the facility’s written procedures for administrative investigations and found the procedure does not include assessment of the credibility of an alleged victim, suspect, or witness, nor do the procedures have the facility assess if actions or failures to act at the facility contributed to the abuse. ODO cited this as an **Area of Concern**.

ODO reviewed the facility’s PREA policy and found the facility’s written policy does not address cooperating with ICE audits nor the monitoring of the facilities compliance with ICE SA-API policies and standards. ODO cited this as an **Area of Concern**.

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 18 standards under NDS 2000, 2 standards under NDS 2019, and found the facility in compliance with 15 of those standards. ODO found 13 deficiencies in the remaining 5 standards. ODO commends facility staff for its responsiveness during this inspection and notes there were three instances where staff initiated immediate corrective action during the inspection.

Compliance Inspection Results Compared	FY 2020 (NDS 2000)	FY 2021 (NDS 2000)/ (NDS 2019)
Standards Reviewed	17	18/2
Deficient Standards	11	5
Overall Number of Deficiencies	26	13
Repeat Deficiencies	1	0
Areas of Concern	0	12
Corrective Actions	4	1