



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**

**Plymouth County Correctional Facility
Plymouth, Massachusetts**

October 18-21, 2021

**COMPLIANCE INSPECTION
of the
PLYMOUTH COUNTY CORRECTIONAL FACILITY
Plymouth, Massachusetts**

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COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead
Inspections and Compliance Specialist
Inspections and Compliance Specialist
Contractor
Contractor
Contractor
Contractor

ODO
ODO
ODO
Creative Corrections
Creative Corrections
Creative Corrections
Creative Corrections

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 Plymouth County Correctional Facility (PCCF) in Plymouth, Massachusetts, from October 18 to 21, 2021.¹ The facility opened in 1994, is owned by the Commonwealth of Massachusetts, and is operated by the Plymouth County Sheriff's Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at PCCF in 1994 under the oversight of ERO's Field Office Director in Boston (ERO Boston). The facility operates under the National Detention Standards (NDS) 2019.

ERO has assigned deportation officers and a detention services manager to the facility. An assistant superintendent handles daily facility operations and manages █ personnel. Trinity Food Service provides food services, Correctional Psychiatric Services Health Care provides medical care, and Keefe Commissary Group provides commissary services at the facility. The facility was accredited by the American Correctional Association in November 2020.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	█
Average ICE Detainee Population ³	█
Male Detainee Population (as of September 27, 2021)	█
Female Detainee Population (as of September 27, 2021)	█

During its last inspection, in Fiscal Year (FY) 21, ODO found two deficiencies in the following areas: Medical Care (1) and Significant Self-harm and Suicide Prevention and Intervention (1).

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 September 27, 2021.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, 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 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
Funds and Personal Property	0
Post Orders	0
Searches of Detainees	2
Use of Force and Restraints	0
Special Management Units	0
Sexual Abuse and Assault Prevention and Intervention	6
Sub-Total	8
Part 4 – Care	
Food Service	0
Hunger Strikes	0
Medical Care	1
Personal Hygiene	0
Significant Self-Harm and Suicide Prevention and Intervention	1
Sub-Total	2
Part 5 – Activities	
Correspondence and Other Mail	1
Sub-Total	1
Part 6 – Justice	
Legal Rights Group Presentations	0
Sub-Total	0
Part 7 – Administration and Management	
Detention Files	0
Detainee Transfers	0
Sub-Total	0
Total Deficiencies	11

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

⁶ 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. As such, the detainee interviews were conducted via telephone.

Detainee Handbook: Two detainees stated they received the ICE National Detainee Handbook and the PCCF detainee handbook in languages they did not understand.

- Action Taken: ODO interviewed facility staff, reviewed detainee handbook receipt forms, and found both detainees initially received handbooks in a language that was not in their native language. ODO advised facility staff and ERO Boston of the concern and on October 21, 2021, both detainees received handbooks in their native language. ODO verified receipt of the newly issued handbooks and acknowledged each were in the detainee's native language.

COMPLIANCE INSPECTION FINDINGS

SECURITY

SEARCHES OF DETAINEES (SD)

ODO reviewed the facility's SD policy, interviewed facility staff, and found the facility did not require detainees to provide a urine sample within 2 hours of placement under close observation (**Deficiency SD-39⁷**).

ODO reviewed the facility's policy, interviewed facility staff, and found the facility did not require detainees to provide a second urine sample prior to release from close observation (**Deficiency SD-40⁸**).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility's SAAPI policy, interviewed facility staff, and found the policy did not include procedures for notifying ERO Boston of sexual abuse and assault allegations (**Deficiency SAAPI-5⁹**).

⁷ "For the detainee's safety, he or she shall be required to provide a urine sample within two hours of placement under close observation." See ICE NDS 2019, Standard, Searches of Detainees, Section (II)(D)(4)(a).

⁸ "A second urine sample shall be required prior to releasing the detainee from close observation." See ICE NDS 2019, Standard, Searches of Detainees, Section (II)(D)(4)(a).

⁹ "Procedures for immediate reporting of sexual abuse and assault allegations, including:

- a. Procedures for immediate reporting of sexual abuse and assault allegations through the facility's chain of command, from the reporting official to the highest facility official, also including procedures for notifying ICE/ERO (this notification must be sent directly to the FOD) and a method by which staff can report outside the chain of command;"

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A)(2)(a).

ODO reviewed the facility's SAAPI policy, interviewed facility staff, and found the policy did not include the procedures for coordinating with ICE/ERO regarding the investigation and discipline of assailants (**Deficiency SAAPI-9**¹⁰).

ODO reviewed the facility's SAAPI policy, interviewed facility staff, and found the policy did not include procedures for coordinating with the ICE OPR regarding the investigation and discipline of assailants (**Deficiency SAAPI-11**¹¹).

ODO reviewed the facility's SAAPI policy and found the policy did not include the facility's requirement to cooperate with all ICE/ERO audits and to monitor facility compliance with sexual abuse and assault policies and standards (**Deficiency SAAPI-13**¹²).

ODO reviewed the facility's written policy and procedures and found ERO Boston had not reviewed nor approved the facility's SAAPI policy and procedures (**Deficiency SAAPI-14**¹³).

CARE

MEDICAL CARE (MC)

ODO reviewed the medical files of [REDACTED] detainees the facility's medical staff prescribed psychotropic medications and found that in [REDACTED] files, the facility's medical staff did not obtain separate documented informed consent, which included a description of the medication sided effects from the detainees (**MC-93**¹⁴).

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

ODO reviewed the medical files of [REDACTED] detainees the facility placed on suicide watch and found in all [REDACTED] files, a mental health provider (as defined by ERO headquarters) did not conduct

¹⁰ "Procedures for investigation and discipline of assailants, including:

- a. Coordinating with ICE/ERO and other appropriate investigative agencies to ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and assault."

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A)(5)(a).

¹¹ "Procedures for investigation and discipline of assailants, including: ...

- b. Procedures for coordination of internal administrative investigations with the assigned criminal investigative entity to ensure non-interference with criminal investigations, as well as coordination with the ICE Office of Professional Responsibility."

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A)(5)(c).

¹² "This policy must mandate zero tolerance toward all forms of sexual abuse and assault, outline the facility's approach to preventing, detecting, and responding to such conduct, and include, at a minimum: ...

7. The facility's requirement to cooperate with all ICE/ERO audits and monitoring of facility compliance with sexual abuse and assault policies and standards"

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A)(7).

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 "Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medications side effects, shall be obtained." See ICE NDS 2019, Standard, Medical Care, Section (II)(O).

welfare checks every 8 hours (**Deficiency SSHSPI-22¹⁵**). **This is a repeat deficiency.**

ACTIVITIES

CORRESPONDENCE AND OTHER MAIL (COM)

ODO reviewed the facility's detainee handbook and found it did not include instructions on the proper labeling for special correspondence (**COM-7¹⁶**).

Corrective Action: Prior to completion of the inspection, the facility provided ODO with a revised version of PCCF's facility handbook, which added the following: "NOTE: All Privileged/Special correspondence and Legal Mail must clearly state 'Special Correspondence' on the front of the envelope" (**C-1**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under NDS 2019 and found the facility in compliance with 13 of those standards. ODO found 11 deficiencies in the remaining 5 standards. ODO commends facility staff for their responsiveness during this inspection and notes there was one instance in which facility 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. ERO provided ODO with the uniform corrective action plan for ODO's last inspection of PCCF on September 21, 2021.

Compliance Inspection Results Compared	FY 2021 (NDS 2019)	FY 2022 (NDS 2019)
Standards Reviewed	13	18
Deficient Standards	2	5
Overall Number of Deficiencies	2	11
Repeat Deficiencies	0	1
Areas of Concern	0	0
Corrective Actions	0	1
Facility Rating	N/A	Superior

¹⁵ "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).

¹⁶ "At a minimum, the notification shall specify: The definition of special correspondence, including instructions on the proper labeling for special correspondence." See ICE NDS 2019, Standard, Correspondence and Other Mail, Section (II)(B)(5).