



U.S. Department of Homeland Security
U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
ICE Inspections
Washington, DC 20536-5501

**Office of Detention Oversight
Unannounced Follow-Up Compliance
Inspection
2023-002-124**

**Enforcement and Removal Operations
ERO Boston Field Office**

**Plymouth County Correctional Facility
Plymouth, Massachusetts**

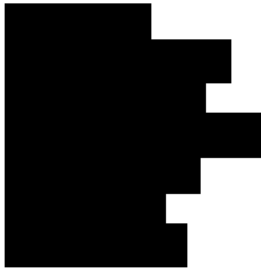
May 16-18, 2023

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION
of the
PLYMOUTH COUNTY CORRECTIONAL FACILITY
Plymouth, Massachusetts

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**UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION
TEAM MEMBERS**



Team Lead
Assistant Team Lead
Contractor
Contractor
Contractor
Contractor
Contractor

ODO
ODO
Creative Corrections
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 an unannounced follow-up compliance inspection of the Plymouth County Correctional Facility (PCCF) in Plymouth, Massachusetts, from May 16 to 18, 2023.¹ This inspection focused on the standards found deficient during ODO’s last inspection of PCCF from November 15 to 17, 2022. The facility opened in 1994 and is owned and operated by Plymouth County. 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 a deportation officer (DO) assigned full-time to the facility and the DO is on-site daily, Monday through Friday, from 7 a.m. to 3 p.m. A PCCF superintendent handles daily facility operations and manages █████ support personnel. Trinity Services provides food services, Correctional Psychiatric Services Health Care provides medical care, and Keefe Commissary provides commissary services at the facility. The facility does not hold any accreditations from any outside entities. In August 2022, PCCF was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA certified.

| Capacity and Population Statistics | Quantity |
|--|----------|
| ICE Bed Capacity ² | █████ |
| Average ICE Population ³ | █████ |
| Adult Male Population (as of May 15, 2023) | █████ |
| Adult Female Population (as of May 15, 2023) | █████ |

During its last full inspection, in Fiscal Year (FY) 2023, ODO found no deficiencies.

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

² Data Source: ERO Facility List as of May 15, 2023.

³ *Ibid.*

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more detainees, and where detainees are housed for over 72 hours, to assess compliance with ICE NDS. These inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and well-being.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO 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 *Unannounced Follow-Up Compliance Inspection Findings* section of this report.

While unannounced follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO’s arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection’s uniform corrective action plan (UCAP), and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as “Repeat Deficiencies” in this report.

Upon completion of each special review or unannounced 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 its 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 2019 MAJOR CATEGORIES

| NDS 2019 Standards Inspected ^{5,6,7} | 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 |
| Use of Force and Restraints | 0 |
| Special Management Unit | 0 |
| Staff-Detainee Communication | 0 |
| Sub-Total | 0 |
| Part 4 - Care | |
| Food Service | 0 |
| Medical Care | 3 |
| Personal Hygiene | 0 |
| Significant Self-Harm and Suicide Prevention and Intervention | 1 |
| Terminal Illness and Death | 0 |
| Sub-Total | 4 |
| Part 5 - Activities | |
| Telephone Access | 0 |
| Sub-Total | 0 |
| Part 6 - Justice | |
| Grievance System | 0 |
| Sub-Total | 0 |
| Total Deficiencies | 4 |

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

⁶ Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

⁷ ODO reviews a facility's compliance with at least 10 individual standards during each special review or unannounced inspection.

DETAINEE RELATIONS

ODO interviewed 16 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services.

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

CARE

MEDICAL CARE (MC)

ODO reviewed [REDACTED] detainee medical records and found in [REDACTED] out of [REDACTED] records, the facility completed comprehensive health assessments 16 days after the detainees' arrival at the facility (**Deficiency MC-27⁸**). **This is a priority component.**

ODO reviewed [REDACTED] detainee medical records and found in [REDACTED] out of [REDACTED] records, a licensed practical nurse conducted the initial dental screening instead of a physician, physician assistant, or nurse practitioner (**Deficiency MC-44⁹**).

ODO reviewed [REDACTED] detainee medical records with psychotropic medication and found in [REDACTED] out of [REDACTED] records, no separate and documented informed consent with a description of the medications' side effects prior to administration (**Deficiency MC-93¹⁰**). **This is a priority component.**

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

ODO reviewed training records of [REDACTED] medical staff and [REDACTED] correctional staff and found in [REDACTED] out of [REDACTED] medical staff records, no comprehensive suicide prevention training during orientation nor refresher training at least annually thereafter (**Deficiency SSHSPI-2¹¹**). **This is a priority component.**

⁸ "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).

⁹ "If no on-site dentist is available, the initial dental screening may be performed by a physician, physician assistant, nurse practitioner, or registered nurse." See ICE NDS 2019, Standard, Medical Care, Section (II)(H).

¹⁰ "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).

¹¹ "All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training during orientation and refresher training at least annually thereafter." See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(B).

CONCLUSION

During this unannounced inspection, ODO assessed the facility's compliance with 14 standards under NDS 2019 and found the facility in compliance with 12 of those standards. ODO found four deficiencies in the remaining two standards. Since PCCF's last full inspection in November 2022, the facility's overall compliance has trended slightly down. Although the facility maintained a high-level of overall compliance with the NDS 2019, PCCF went from no deficient standards and no deficiencies in November 2022 to two deficient standards and four deficiencies during this unannounced follow-up compliance inspection, which includes three MC priority component deficiencies for medical staff not always receiving comprehensive suicide prevention training, not always conducting a comprehensive health assessment on detainees within 14 days of detainees' arrival at the facility, and not always obtaining a separate documented informed consent prior to the administration of psychotropic medications. ODO recommends ERO work with the facility to resolve the remaining deficiencies in accordance with contractual obligations.

| Compliance Inspection Results Compared | FY 2023 Full Inspection (NDS 2019) | FY 2023 Follow-Up Inspection (NDS 2019) |
|---|---|--|
| Standards Reviewed | 19 | 14 |
| Deficient Standards | 0 | 2 |
| Overall Number of Deficiencies | 0 | 4 |
| Priority Component Deficiencies | 0 | 3 |
| Repeat Deficiencies | 0 | 0 |
| Areas Of Concern | 1 | 0 |
| Corrective Actions | 0 | 0 |
| Facility Rating | Superior | N/A |