



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

August 17-20, 2020

COMPLIANCE INSPECTION
of the
FRANKLIN COUNTY HOUSE OF CORRECTIONS
Greenfield, Massachusetts

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COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
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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 August 17 to 20, 2020.¹ The facility opened in 2007 is owned by the Commonwealth of Massachusetts and operated by 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.

ERO personnel are not assigned to the facility on a full-time basis. ERO personnel spend six hours per day at the facility. The 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 2011 and Department of Justice Prison Rape Elimination Act in 2018.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	90
Average ICE Detainee Population ³	21
Male Detainee Population (as of 8/16/2020)	22
Female Detainee Population (as of 8/16/2020)	N/A

During its last inspection, in Fiscal Year (FY) 2017, ODO found 14 deficiencies in the following areas: Admission and Release (4); Detainee Grievance Systems (1); Environmental Health and Safety (2); Funds and Personal Property (2); Staff- Detainee Communication (4); Telephone Access (1).

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

² Data Source: ERO Facility List Report as of August 16, 2020.

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 NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected ⁵	Deficiencies
Part 1 – Detainee Services	
Access to Legal Material	0
Admission and Release	1
Detainee Classification System	0
Detainee Grievance System	0
Food Service	0
Funds and Personal Property	0
Recreation	0
Religious Practices	0
Staff-Detainee Communication	0
Telephone Access	0
Visitation	0
Sub-Total	1
Part 2 – Security and Control	
Environmental Health and Safety	1
Special Management Unit (Administrative Segregation)	2
Special Management Unit (Disciplinary Segregation)	1
Use of Force and Restraints	3
Sub-Total	7
Part 3 – Health Services	
Medical Care	2
Suicide Prevention and Intervention	0
Disability, Identification, Assessment, and Accommodation	0
Sub-Total	2
PBNS 2011 Standard Inspected	
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	0
Total Deficiencies	10

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

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.

Religious Practices: One detainee stated he does not have Buddhist prayer materials and enough space to worship.

- Action Taken: ODO spoke with the facility chaplain regarding the detainee's concern. The chaplain provided photos of the worship area that satisfied the NDS 2000 standards. The chaplain also stated he would research prayer materials for the detainee and would provide him with Buddhist prayer materials. ODO requested the facility staff inform the detainee the chaplain is researching prayer materials.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ADMISSION AND RELEASE (A&R)

ODO reviewed FCHC's detainee orientation program and interviewed supervisory staff and found there was not a site-specific orientation video (**Deficiency AR-1⁶**).

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO inspected the facility's fire drill documentation and found fire drills were not timed (**Deficiency EH&S-1⁷**).

FCHC's local policy allows for the use of neck brushes, neck dusters and styptic pencils for detainee haircutting services; however, the detention standard prohibits the use of these materials. ODO confirmed these items were not found in the inventory of the barber kits. ODO notes this an **Area of Concern**.

SPECIAL MANAGEMENT UNIT - ADMINISTRATIVE SEGREGATION (SMU-AS)

ODO reviewed six detainee detention files of detainees placed in AS and found in three out of six detention files, a supervisory officer did not conduct a review after the detainee had spent seven days in AS, nor every week thereafter (**Deficiency SMU AS-1⁸**).

ODO reviewed six detainee detention files of detainees placed in AS and the facility's AS log and found three out of six files did not contain entries for the dinner meal on June 7, 2020 (**Deficiency SMU AS-2⁹**).

⁶ "Every new arrival shall undergo screening interviews, complete questionnaires and other forms, attend the facility's site-specific orientation program, and comply with other admission procedures (issuance of clothing, towels, bedclothes, etc.). 1. The orientation process supported by a video (INS) and handbook shall inform new arrivals about facility operations, programs, and services. Subjects covered will include prohibited activities and unacceptable and the associated sanctions..." See ICE NDS 2000, Standard, Admission and Release, Section (III)(A)(1). **This is a Repeat Deficiency.**

⁷ "... c. [REDACTED] will be included in each fire drill, and timed. [REDACTED] FPA recommends a limit of [REDACTED] See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(c).

⁸ "In SPCs/CDFs, a supervisory officer shall conduct a review within 72 hours of the detainee's placement in administrative segregation to determine whether segregation is still warranted. The review shall include an interview with the detainee. A written record shall be made of the decision and the justification... A supervisory officer shall conduct the same type of review after the detainee has spent seven days in administrative segregation, and every week thereafter for the first month and at least every 30 days thereafter. The review shall include an interview with the detainee. A written record shall be made of the decision and the justification." See ICE NDS 2000, Standard, Special Management Unit, Administrative Segregation, Section (III)(C).

⁹ "...The special housing officer for each shift will record whether the detainee ate, showered, exercised and took any

SPECIAL MANAGEMENT UNIT - DISCIPLINARY SEGREGATION (SMU-DS)

ODO reviewed six detainee detention files for DS placements and found all six detainees were sanctioned to DS at the conclusion of a disciplinary hearing; however, the six DS Orders were completed by the disciplinary committee panel chairperson (**Deficiency SMU DS-1**¹⁰).

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed documentation for the regular maintenance of hand-held video cameras and found a captain was assigned the maintenance responsibility; however, this responsibility was not incorporated into one or more post orders (**Deficiency UOF-1**¹¹).

ODO reviewed documentation of approved restraint equipment and found a [REDACTED] in use by the facility had not been approved by ICE/ERO Boston (**Deficiency UOF-2**¹²).

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action by submitting an approval request to ERO Boston which was subsequently approved. ODO was provided a copy of the approval.

ODO reviewed Policy 505 – General Order, Use of Force, dated March 20, 2020, and interviewed the captain and found there were no ICE/ERO Boston approved written procedures for the after-action review of UOF (**Deficiency UOF-3**¹³).

HEALTH SERVICES

MEDICAL CARE (MC)

ODO reviewed 12 medical records and found seven out of 12 detainees did not receive a health appraisal and physical examination within 14-days of their arrival at the facility (**Deficiency MC-1**¹⁴). Instead, the seven physical exams were completed in the range of 16-43 days, after the

medication. The record will also be used to notate additional information, e.g., if the detainee has a medical condition, has exhibited suicidal/assaultive behavior, etc...” See ICE NDS 2000, Standard, Special Management Unit, Administrative Segregation, Section (III)(E)(2).

¹⁰ “A written order shall be completed and signed by the chair of the Institutional Disciplinary Committee panel before a detainee is placed in disciplinary segregation. A copy of the order shall be given to the detainee within 24 hours, unless delivery would jeopardize safety, security, or the orderly operation of the facility.” *See ICE NDS 2000, Standard, Special Management Unit, Disciplinary Segregation, Section (III)(B).*

¹¹ “The OIC shall designate responsibility for maintaining the video camera(s) and other video equipment. This shall include regularly scheduled testing to ensure all parts, including batteries, are in working order; and keeping back-up supplies on hand (batteries, tapes, lens-cleaners, etc.). This responsibility shall be incorporated into one or more post orders.” *See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4)(1).*

¹² “Deviations from the following list of restraint equipment are prohibited... 9. Any other INS-approved restraint device.” *See ICE NDS 2000, Standard, Use of Force, Section (III)(C)(9).*

¹³ “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).*

¹⁴ “...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).*

detainee’s arrival.

ODO interviewed the health services director and found medical records or copies were not sent with detainees when detainees were transferred to another detention facility (**Deficiency MC-2**¹⁵).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 19 standards under NDS 2000 and found the facility in compliance with thirteen of those standards. ODO found 10 deficiencies in the remaining 6 standards. ODO commends facility staff for their responsiveness during this inspection. ODO recommends ERO work with facility personnel to remedy any deficiencies that remain outstanding, as applicable and in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2017 (NDS 2000)	FY 2020 (NDS 2000)
Standards Reviewed	20	19
Deficient Standards	6	6
Overall Number of Deficiencies	14	10
Repeat Deficiencies	N/A	1
Corrective Actions	4	1

¹⁵ “...Transfer of Health Records. When a detainee is transferred to another detention facility, the detainee’s medical records, or copies, will be transferred with the detainee...” See ICE NDS 2000, Standard, Medical Care, Section (III)(N).