



**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

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**Office of Detention Oversight  
Compliance Inspection**

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

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

**July 20-23, 2020**

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

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## COMPLIANCE INSPECTION TEAM MEMBERS



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## FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility Office of Detention Oversight (ODO) conducted a compliance inspection of the Bristol County Detention Center (BCDC) in North Dartmouth, MA, from July 20-23, 2020.<sup>1</sup> 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 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 director of immigration services handles daily facility operations and is supported by █████ personnel. BCDC provides food services, Correctional Psychiatric Service provides medical care, and Keefe provides commissary services at BCDC. BCDC was accredited by the American Correctional Association in 2020, the National Commission on Correctional Health Care in 2019, and received the Department of Justice Prison Rape Elimination Act (PREA) recertification in 2018.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	152
Average ICE Detainee Population <sup>3</sup>	60
Male Detainee Population (as of 7/17/2020)	56
Female Detainee Population (as of 7/17/2020)	1

During its last inspection, in Fiscal Year (FY) 2019, ODO found 20 deficiencies in the following areas: Admission and Release (4); Custody Classification System (1); Funds and Personal Property (2); Environmental Health and Safety (2); Grievance System (1); Use of Force and Restraints (2); Medical Care (5); Personal Hygiene (1); Staff-Detainee Communication (1); and Telephone Access (1).

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<sup>1</sup> This facility holds male and female detainees with low, medium and high security classification levels for periods longer than 72 hours.

<sup>2</sup> Data Source: ERO Pre-Inspection Questionnaire dated July 9, 2020.

<sup>3</sup> *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.<sup>4</sup>

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.

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<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2008 MAJOR CATEGORIES

PBNDS 2011 Standards Inspected <sup>5</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Environmental Health and Safety	1
<b>Sub-Total</b>	<b>1</b>
<b>Part 2 – Security</b>	
Admission and Release	2
Custody Classification System	2
Funds and Personal Property	1
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	2
Staff-Detainee Communication	0
Use of Force and Restraints	2
<b>Sub-Total</b>	<b>9</b>
<b>Part 4 – Care</b>	
Food Service	0
Medical Care	1
Personal Hygiene <sup>6</sup>	1
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 5 – Activities</b>	
Recreation	0
Religious Practices	0
Telephone Access	0
Visitation	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 – Justice</b>	
Grievance System	1
Law Libraries and Legal Material	0
<b>Sub-Total</b>	<b>1</b>
<b>Total Deficiencies</b>	<b>13</b>

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

<sup>6</sup> ODO did not inspect against the Personal Hygiene standard in its entirety.

## DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination. One detainee alleged a PREA incident occurred that involved a facility officer during an interview. ODO immediately contacted both ERO Boston and facility staff. The detainee was immediately seen by medical and mental health practitioners and a facility investigator for follow-up. 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 Boston field office and facility were not able to accommodate this request due to technology issues. As such, the detainee interviews were conducted via telephone.

*Sexual Abuse and Assault Prevention and Intervention:* One detainee alleged he was beaten and inappropriately touched in his private areas by a facility officer.

- Action Taken: ODO notified ERO Boston and the facility PREA Coordinator on July 21, 2020, about the detainee's allegation. A PREA case was immediately initiated by the facility. The detainee involved was first seen by medical and mental health staff. A PREA trained investigator met with the detainee and received preliminary information regarding this incident, which was reported to have occurred on April 9, 2020. A case had been opened regarding this matter and additional reports were written; videos studied; follow-up information analyzed; and multi-level reviews will be completed before this case is brought to closure.

*Search of Detainees:* Four detainees complained about being strip searched during intake processing.

- Action Taken: ODO interviewed the facility director of immigration services and she reported detainees were not strip searched during the intake process. This was confirmed by ODO reviewing the facility Inmate Search policy and selecting 12 random detainee files to review. Of the 12 files reviewed, the 4 files of the detainees who made the complaints were appraised to verify the allegation of being strip searched. However, ODO did not find any evidence of strip searches occurring at intake during this assessment.

*Search of Detainees:* Six detainees complained about being strip searched while in custody at BCDC.

- Action Taken: ODO interviewed the facility director of immigration services and she reported detainees may be strip searched prior to placement in the Restrictive Housing Units. This was confirmed by ODO reviewing the facility Inmate Search policy and selecting 12 random detainee files to review. Of the 12 files reviewed, 5 files of the detainees that reported this matter were appraised. All five files contained disciplinary orders and had the required Bristol County Sheriff Office (BCSO) ICE Detainee Strip Search Report forms in the files. A sixth detainee file contained information that the detainee was strip searched prior to placement on Administrative Segregation in the medical unit, when he requested such placement for his own safety. This file also contained the BCSO ICE Detainee Strip Search Report form regarding the detainee.

*Medical Care:* The following detainees expressed concerns about medical care.

One detainee stated he submitted numerous medical requests and still had not been seen by a specialist.

- Action Taken: ODO reviewed the detainee's medical record and determined the detainee arrived at the facility on June 12, 2019. The detainee had a medical, dental, and mental health assessment completed by a licensed nurse on the same day. A full physical examination was performed by a nurse practitioner on June 15, 2019, and during the physical examination, the detainee mentioned he was taking medications for his mental health conditions. The detainee was evaluated by a mental health provider, provided with medications, and placed in the mental health chronic care clinic. On the same day, the detainee was diagnosed with a lump in his neck area. The detainee was referred to an Ear, Nose & Throat (ENT) specialist, but due to the COVID-19 pandemic, no appointments were being scheduled. The detainee recently had an appointment to see the ENT on July 23, 2020, but was rescheduled for Monday, August 3, 2020.

One detainee stated he wanted to see a doctor for an overdue surgery.

- Action Taken: ODO reviewed the detainee's medical record and determined the detainee was referred to an outside orthopedic surgeon for an evaluation on May 5, 2020, for his right knee. On May 6, 2020, and on May 23, 2020, x-rays of the detainee's right knee were taken resulting in no acute fracture of his right knee. Per the health services administrator (HSA), due to the COVID-19 pandemic, appointments were not being scheduled. However, the detainee did have another appointment scheduled in May 2020, but the detainee was in isolation, due to possible exposure to someone that tested positive for COVID-19. The detainee's appointment was rescheduled for Thursday, July 30, 2020.

One detainee stated he had a rash on his inner thigh and had received medical treatment but the problem seemed to be getting worse.

- Action Taken: ODO reviewed the detainee's medical record and determined the detainee arrived at the facility on January 26, 2018, and on the same day, received a medical, dental, and mental health assessment completed by a licensed nurse. A full physical examination was performed on February 8, 2018, by a physician and the detainee's yearly physical evaluation was performed on July 23, 2019, by a physician. On several occasions, the detainee submitted sick call request forms for a rash between his thighs. He received several treatments with minor improvement. As per the HSA, the detainee was placed on the medical appointment list to see the physician within the next 72-hours to reassess the rash and treatment plan.



*Religious Practices:* One detainee stated he submitted a religious diet request approximately 5 months prior to the inspection that went unanswered.

- Action Taken: ODO discussed the issue with the facility's religious services coordinator and determined the detainee requested a kosher meal two weeks before the inspection, but the approval was delayed due to the religious services representative having a family emergency. ODO was advised the kosher diet was recently approved by the religious services coordinator and the detainee started receiving kosher meals on July 20, 2020.

*Personal Hygiene:* Five detainees complained about not receiving a comb and not liking the scent of the deodorant in the personal hygiene kits.

- Action Taken: ODO interviewed the facility director of immigration services and she reported all detainees are provided hygiene kits during the intake process, and gender specific kits are made available weekly. The facility was aware of the population's concern about the scent of the deodorant; however, per the standard, deodorant is not required to be in the personal hygiene kit. Furthermore, ODO was advised by the director of immigration services that combs are available through commissary for purchase or for free to those who are indigent. *See Compliance Inspection Findings section of this report for cited Personal Hygiene deficiency regarding this complaint.*

# COMPLIANCE INSPECTION FINDINGS

## SAFETY

### ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO interviewed the facility's director of EH&S to verify the accuracy of the medical sharps inventory. ODO found medical sharps were not verified weekly by a person designated by the health services administrator or equivalent (**Deficiency EH&S-1<sup>7</sup>**).

## SECURITY

### ADMISSION AND RELEASE (A&R)

ODO interviewed the facility's funds and personal property staff and found the facility did not utilize the Report of Detainee Missing Property form (Form I-387) to document detainee claims of missing property (**Deficiency A&R-1<sup>8</sup>**).

ODO reviewed 12 release files and found Orders to Detain or Release form (Form I-203) was not used at the facility to authorize a detainee's release/discharge from the facility. Rather, ERO emails a memorandum to the facility staff and this serves as the release/transfer certificate (**Deficiency A&R-2<sup>9</sup>**).

### CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO inspected 12 detainee files and found three initial assessments had not been conducted by the facility staff upon the detainees' admission to the facility. Additionally, classification for the three detainees was completed 7 to 12-months prior to admission to the facility and the detainees' classification was not reassessed upon arrival to the facility (**Deficiency CCS-1<sup>10</sup>**).

ODO reviewed 12 files and found 7 detainee reassessments were not completed 60 to 90-days after the date of the initial assessment. Additionally, 9 out of 12 files did not contain reassessments completed within 24 hours of a detainee's departure from disciplinary segregation (**Deficiency CCS-2<sup>11</sup>**).

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<sup>7</sup> "Items that pose a security risk, such as [REDACTED] and checked [REDACTED] by an individual designated by the medical facility's Health Service Administrator (HSA) or equivalent." See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (VIII)(D). **This is a Repeat Deficiency.**

<sup>8</sup> "When a newly arrived detainee claims his/her property has been lost or left behind, staff shall complete Form I-387, "Report of Detainee's Missing Property." See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(B)(6).

<sup>9</sup> "A detainee's out-processing begins when release processing staff receive the Form I-203, "Order or Release," signed by an authorizing official." See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(H)(1).

<sup>10</sup> "All detainees shall be classified upon arrival and before being admitted into the general population." See ICE PBNDS 2008, Standard, Custody Classification System, Section (V)(A).

<sup>11</sup> "First Reassessment. A Classification Reassessment shall be completed 60 to 90 days after the date of the initial assessment. Special Reassessment. A special reassessment completed within 24 hours before a detainee leaves

## FUNDS AND PERSONAL PROPERTY (F&PP)

ODO interviewed the facility's property staff and found detainees were not provided with lockers or securable space for authorized property in the housing units (**Deficiency F&PP-1<sup>12</sup>**).

## SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed 9 SMU files and found 7 out of 9 files with Administrative Segregation Orders did not contain all required information. (i.e., Violation or Reason, Received Date, Time, Admittance Authorized by) (**Deficiency SMU-1<sup>13</sup>**).

ODO reviewed the facility's procedures and interviewed staff and found a separate log was not maintained for visitors entering the SMU (**Deficiency SMU-2<sup>14</sup>**).

## USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed the facility's UOF Policy, post orders, and interviewed staff and found the facility administrator did not designate nor incorporate into one or more post orders, the responsibility for maintaining and testing audiovisual equipment (**Deficiency UOF&R-1<sup>15</sup>**).

ODO reviewed the facility's UOF Policy, immediate UOF documentation, and video and found an after-action review committee had not been assembled to conduct UOF after-action reviews (**Deficiency UOF&R-2<sup>16</sup>**). The facility's policy indicated the superintendent will appoint a security supervisor to conduct the review rather than a committee as required by the standard.

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disciplinary segregation, and at any other time when additional, relevant information becomes known." See ICE PBNDS 2008, Standard, Custody Classification System, Section (V)(B). **This is a Repeat Deficiency.**

<sup>12</sup> "Every housing area shall have lockers or other securable space for storing detainees authorized personal property." See ICE PBNDS 2008, Standard, Custody Classification System, Section (V)(E). **This is a Repeat Deficiency.**

<sup>13</sup> "A written order completed and approved by a security supervisor before a detainee is placed in Administrative Segregation, except when exigent circumstances make this impracticable. In such cases, an order shall be prepared as soon as possible. A copy of the order shall be given to the detainee within 24 hours, unless delivery would jeopardize the safety, security or orderly operation of the facility." See ICE 2008 PBNDS Standard, Special Management Units, Section (V)(C)(2).

<sup>14</sup> "In SPC/CDFs, is a separate log maintained in the SMU of all persons visiting the unit. This separate log shall include notation of: The time and date of the visit; and Any unusual activity or behavior of an individual detainee, with the follow-up memorandum sent through the facility administrator to the detainee's file." See ICE 2008 PBNDS Standard, Special Management Units, Section (V)(E)(2).

<sup>15</sup> "Staff shall store and maintain audiovisual recording equipment under the same conditions as "restricted": tools. The equipment must be kept in a secure location elsewhere in the facility. Since audiovisual recording equipment must often be readily available, each facility administrator shall designate and incorporate in one or more post orders responsibility for: Maintaining cameras and other audiovisual equipment; Regularly scheduled and documented testing to ensure all parts, including batteries, are in working order; and Keeping back-up supplies on hand (batteries, tapes or other recording media, lens cleaners, etc.);" See ICE PBNDS Standard, Use of Force and Restraints, Section (V)(K).

<sup>16</sup> "The facility administrator, the assistant facility administrator, the Field Office Director's designee, and the Health Services Administrator shall conduct the After-Action Review. This four-member After-Action Review team shall convene on the workday after the incident. The After-Action Review team shall gather relevant information, determine whether policy and procedures were followed, make recommendations for improvement, if any and complete an After-Action Report to record the nature of its review and findings. The After-Action Report is due within two working days of the detainee's removal from restraints." ee ICE 2008 PBNDS Standard, Use of Force and Restraints, Section (V)(P)(2).

## CARE

### MEDICAL CARE (MC)

ODO reviewed [REDACTED] facility health care staff credential files and found [REDACTED] files lacked some form of license, certification, primary source verification, educational proof, and/or credential documentation (**Deficiency MC-1<sup>17</sup>**).

The facility Suicide Prevention and Intervention Staff Training Program developed by the mental health director and risk prevention specialist not only included the basic requirements of the standard, the program also elaborated on suicide among law enforcement staff. Additionally, the program provided recent statewide statistics, recognizing signs among peers, prevention and informational hotlines and organizations assisting people under stressful environments. ODO recognized this training program as a **Best Practice**.

### PERSONAL HYGIENE (PH)

The facility did not provide detainees a comb to maintain personal hygiene (**Deficiency PH-1<sup>18</sup>**).

## JUSTICE

### GRIEVANCE SYSTEM (GS)

ODO determined that in contravention of the standard, the facility detainee handbook states, “when a Detainee Medical Inquiry Form is used, the Health Services Administrator (HSA) has 10 working days to respond.” (**Deficiency GS-1<sup>19</sup>**). However, ODO verified a BCDC policy dated March 8, 2019, correctly states, “the HSA responds to medical grievances within five working days of receipt in accordance with the standard.” ODO encourages the facility to resolve the discrepancy between its handbook and policy and ensure relevant staff are aware of the required time frame.

## CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 19 standards under PBNDS 2008 and found the facility in compliance with 10 of those standards. ODO found 13 deficiencies in the remaining 9 standards. ODO commends facility staff for their responsiveness during this inspection.

ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding

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<sup>17</sup> “All health care staff are verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements.” See ICE PBNDS 2008, Standard, Medical Care, Section (V) (H). **This is a Repeat Deficiency.**

<sup>18</sup> “...each detainee shall receive, at a minimum, the following items: one bar of bath soap, or equivalent; one comb; one tube of toothpaste; one toothbrush; one bottle of shampoo, or equivalent; and one container of skin lotion.” See ICE PBNDS 2008, Standard, Personal Hygiene, Section (V)(D).

<sup>19</sup> “Grievance forms concerning medical care shall be delivered directly to medical stall designated to receive and respond to medical grievances at the facility. Designated medical staff shall act on the grievance within five working days of receipt and provide the detainee a written response of the decision and rationale.” See ICE PBNDS 2008, Standard, Grievance System, Section (V)(C)(3)(2)(c). **This is a Repeat Deficiency.**

in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2019 (PBNS 2008)</b>	<b>FY 2020 (PBNS 2008)</b>
Standards Reviewed	18	19
Deficient Standards	10	9
Overall Number of Deficiencies	20	13
Repeat Deficiencies	0	5
Corrective Actions	3	0