



**U.S. Department of Homeland Security**  
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  
Franklin House of Corrections  
Greenfield, Massachusetts

May 23-25, 2017

**COMPLIANCE INSPECTION  
for the  
FRANKLIN COUNTY HOUSE OF CORRECTIONS  
Greenfield, Massachusetts**

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**COMPLIANCE INSPECTION TEAM MEMBERS**

(b) (6), (b) (7)(C)

Lead Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
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Contractor	Creative Corrections
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## FACILITY OVERVIEW

The Office of Detention Oversight (ODO), a unit within U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR), conducted a compliance inspection of the Franklin County House of Corrections (FCHC) in Greenfield, Massachusetts from May 23-25, 2017.<sup>1</sup> The FCHC opened in February of 2007. It is owned by the Commonwealth of Massachusetts and operated by the Franklin County Sheriff's Department. The Office of Enforcement and Removal Operations (ERO) started housing ICE detainees in March of 2007, pursuant to a United States Marshals Service (USMS) Intergovernmental Service Agreement (IGSA), under the oversight of ERO Field Office Director (FOD) Boston.

No ERO staff members or Detention Services Manager are assigned to the facility. A Superintendent is responsible for oversight of daily facility operations and is supported by (b) (7) personnel. Medical services are provided by the Franklin County Sheriff's Department and the Trinity Services Group provides food services. The FCHC is accredited by the National Commission on Correctional Health Care (NCCHC).

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	125
Average ICE Detainee Population <sup>3</sup>	69
Male Detainee Population (as of 5/23/2017)	68
Female Detainee Population (as of 5/23/2017)	N/A

In FY 2013, ODO conducted a compliance inspection of the FCHC under the National Detention Standards (NDS) 2000. ODO reviewed the facility's compliance with 20 standards and found the facility compliant with nine standards. ODO found 17 deficiencies in the remaining 11 standards. Deficiencies occurred in the following 11 standards: Access to Legal Material (1 deficiency), Admission and Release (1), Detainee Classification System (1), Detainee Grievance Procedures (1), Detainee Handbook (1), Disciplinary Policy (3), Environmental Health and Safety (2), Funds and Personal Property (3), Special Management Unit-Administrative Segregation (2), Special Management Unit-Disciplinary Segregation (1), and Staff-Detainee Communication (1).

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

<sup>2</sup> Data Source: ERO Facility List Report as of April 10, 2017.

<sup>3</sup> *Ibid.*

## FY 2017 FINDINGS BY NDS 2000 MAJOR CATEGORIES

NDS 2000 STANDARDS INSPECTED <sup>4</sup>	DEFICIENCIES
<b>Part 1 – Detainee Services</b>	
Access to Legal Material	0
Admission and Release	4
Detainee Classification System	0
Detainee Grievance Procedures	1
Detainee Handbook	0
Food Service	0
Funds and Personal Property	2
Staff-Detainee Communication	4
Telephone Access	1
<b>Sub-Total</b>	<b>12</b>
<b>Part 2 – Security and Control</b>	
Environmental Health and Safety	2
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 3 – Health Services</b>	
Medical Care	0
Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>14</b>

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<sup>4</sup> For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

## 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 over 72 hours, to assess compliance with ICE National Detention Standards (NDS) 2000, or the Performance-Based National Detention Standards (PBNDS) 2008 or 2011, as applicable. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.<sup>5</sup> ODO identifies violations linked to ICE detention standards, ICE policies, or operational procedures as *deficiencies*.

For facilities governed by either the PBNDS 2008 or 2011, ODO specifically notes deficiencies related to ICE-designated “priority components” which are considered *critical* to facility security and the legal and civil rights of detainees. ODO also highlights instances when the facility resolves deficiencies prior to completion of the ODO inspection--these corrective actions are annotated with “C” under the Inspection Findings section of this report.

At the conclusion of each inspection, ODO holds a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is also 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. Additionally, ODO findings inform ICE executive management decision making in better allocating resources across the agency’s entire detention inventory.

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<sup>5</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## DETAINEE RELATIONS

There were 21 detainees who voluntarily agreed to be interviewed by ODO. No detainee alleged mistreatment, abuse, or discrimination. Most detainees reported satisfaction with facility services except as cited below:

*Medical Care:* One detainee claimed he requested medical services for heart problems and was seen by medical but didn't feel he was given adequate medical care for his condition.

- Action Taken: ODO reviewed the detainees' medical file and found the detainee had not submitted any medical complaints to medical staff for any heart related issues such as chest pains or shortness of breath. However, ODO did find the detainee was seen by the mental health staff (psychologist) on 16 occasions regarding other issues. The detainee was subsequently treated with anti-anxiety medication and placed on a "Special Mental Health Watch" in his housing unit, from March 13, 2017 to April 4, 2017. ODO brought this matter to the attention of facility medical staff. Note: Prior to completion of ODO's inspection the detainee was transferred from FCHC to another facility pending his imminent removal from the U.S.

*Medical Care:* One detainee claims his medical condition requires a special diet of baked foods (in lieu of fried foods). However, he claims FCHC denied his special diet request.

- Action Taken: ODO reviewed the detainee's medical record and confirmed the detainee's request for a special diet was denied. However, ODO found the detainee actually requested double rations (not baked foods) which the facility deemed unnecessary following an evaluation of the detainee's condition and treatment regimen.

*Religious Practices:* One detainee claimed there are no religious service for Orthodox Christians and that even though he had contacted a local community organization to provide services, the services are still not being provided.

- Action Taken: ODO reviewed the religious services schedule and interviewed facility staff. ODO found no record of a request by the detainee requesting an Orthodox Christian service. ODO discussed the issue with facility staff and the Supervisory Detention and Deportation Officer. Staff advised the detainee of the proper procedures for a community organization to be authorized to provide services within the facility (by way of submitting a volunteer application).

# COMPLIANCE INSPECTION FINDINGS

## DETAINEE SERVICES

### ADMISSION AND RELEASE (AR)

A review of the intake process found detainees are placed in orientation-housing for 48 hours as part of the facility orientation. Each detainee meets with a case manager who orients the detainees to facility rules, services, and programs. No video is shown to detainees to support the orientation process as required by the standard (**Deficiency AR-1**<sup>6</sup>).

ODO's interview of facility and ERO staff found that the FCHC's orientation procedures have not been approved by the field office (**Deficiency AR-2**<sup>7</sup>).

ODO's interview of facility and ERO staff found that the FCHC's release procedures have not been approved by the field office (**Deficiency AR-3**<sup>8</sup>).

A review of FCHC General Order 401 titled "Booking and Admission" found there is no procedure addressing the use of the I-387, Report of Detainee's Missing Property form, which is required to be used in the case of a detainee arriving and claiming their property has been lost or left at their previous detention center (**Deficiency AR-4**<sup>9</sup>).

*Corrective Action:* Prior to completion of the inspection, FCHC initiated corrective action by obtaining the required forms, for immediate implementation into facility operations. The facility policy will be revised accordingly as part of the next policy update (**C-1**).

### DETAINEE GRIEVANCE PROCEDURES (DGP)

ODO's review of the facility's handbook found that although procedures to appeal denied grievances are provided in the handbook, the right to notify and appeal to ICE, and the procedures for doing so, are not addressed as required by the standard (**Deficiency DGP-1**<sup>10</sup>).

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<sup>6</sup> "The orientation process supported by a video (INS) and handbook shall inform new arrivals about facility operations, programs, and services." See ICE 2000 NDS, Standard, Admission and Release, Section (III)(A)(1).

<sup>7</sup> "All facilities shall have a medium to provide INS detainees an orientation to the facility. In IGSA's the INS office of jurisdiction shall approve all orientation procedures." See ICE 2000 NDS, Standard, Admission and Release, Section (III)(J).

<sup>8</sup> "Staff must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include completing and processing forms, closing files, fingerprinting; returning detainee personal property; and reclaiming facility-issued clothing, bedding, etc. INS will approve the IGSA release procedures." See ICE 2000 NDS, Standard, Admission and Release, Section (III)(J). Note: This second reference to (J) is on page 9 of NDS and should be labeled a (L)--the citations within NDS are incorrect.

<sup>9</sup> "The officer shall complete a Form I-387 "Report of Detainee's Missing Property" when any newly arrived detainee claims his/her property has been lost or left behind. IGSA facilities shall forward the completed I-387's to INS." See ICE 2000 NDS, Standard, Admission and Release, Section (III)(I). **This is a Repeat Deficiency.**

<sup>10</sup> "The grievance section of the detainee handbook will provide notice of the following: The procedures for contacting the INS to appeal the decision of the OIC of a CDF or an IGSA facility." See ICE 2000 NDS, Standard, Detainee Grievance Procedures, Section (III)(G)(4).

*Corrective Action:* Prior to completion of the inspection, FCHC initiated corrective action by revising the grievance form to notify detainees of their right to contact ICE to appeal the grievance decision of the Officer-in-Charge (OIC), as well as the procedure to do so (C-2).

## **FUNDS AND PERSONAL PROPERTY (FP&P)**

A review of FCHC General Order 403 titled “Inmate Property” and the facility handbook found they address the requirements of the standard; however, the procedures for detainees to report missing, lost, or damaged property are not addressed (**Deficiency F&PP-1<sup>11</sup>**).

A review of the FCHC detainee handbook found it fails to notify detainees of the procedures for filing a claim for lost or damaged property (**Deficiency F&PP-2<sup>12</sup>**).

## **STAFF-DETAINEE COMMUNICATION (SDC)**

ODO’s review of detainee requests found that requests were not consistently responded to within 72 hours (**Deficiency SDC-1<sup>13</sup>**). Out of nine (9) requests filed in the three month prior to the inspection, four (4) did not have response dates, and one (1) was responded to more than twenty (20) days after it was received.

ODO’s review of staff detainee communication documents found that ERO uses the Facility Liaison Visit Checklist and that weekly checklists are filled out and documented accordingly. However, ODO found that ERO had a Staff Detainee Communication logbook on file but it had not been utilized since 2014 (**Deficiency SDC-2<sup>14</sup>**).

FCHC does not consistently retain copies of detainee requests in the detainee detention file. ODO’s review of 10 detention files found that none of the files contained copies of submitted detainees requests (**Deficiency SDC-3<sup>15</sup>**).

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<sup>11</sup> “All CDFs and IGSA facilities will have and follow a policy for the loss of or damage to properly receipted property, as follows: all procedures for investigating and reporting property loss or damage will be implemented as specified in this standard; supervisory staff will conduct the investigation; the senior facility contract officer will process all detainee claims for lost or damaged property promptly; the official deciding the claim will be at least one level higher in the chain of command than the official investigating the claim; the will promptly reimburse detainees for all valid property losses caused by facility negligence; the will not arbitrarily impose a ceiling on the amount to be reimbursed for a valid claim; and the senior contract officer will immediately notify the designated INS officer of all claims and outcomes.” See ICE 2000 NDS, Standard, Funds and Personal Property, Section (III)(H)(1)(2)(3)(4)(5)(6)(7). **This is a Repeat Deficiency.**

<sup>12</sup> “The detainee handbook or equivalent shall notify the detainees of the facility policies and procedures concerning personal property, including: The procedures for filing a claim for lost or damaged property.” See ICE 2000 NDS, Standard, Funds and Personal Property, Section (III)(J)(5).

<sup>13</sup> “The detainee requests shall be forwarded to the ICE office of jurisdiction within 72 hours and answered as soon as possible and practicable, but not later than within 72 hours from receiving the request.” See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(B)(1).

<sup>14</sup> “All requests shall be recorded in a logbook specifically designed for that purpose.” See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(B)(2).

<sup>15</sup> “All completed Detainee Requests will be filed in the detainee’s detention file and will remain in the detainee’s detention file for at least three years.” See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(B)(2).



ODO's tour of detainee housing units found all housing units have the DHS OIG poster and the ICE ERO visiting schedule conspicuously posted. However, ODO found the ERO Field Office contact information was not posted in the detainee housing units (**Deficiency SDC-4<sup>16</sup>**).

ODO's review of FCHC's telephone operations found that prior to ODO's inspection; ERO did not consistently perform the weekly telephone serviceability verification/tests in accordance with Detainee Telephone Services Change Notice, dated April 4, 2007 (**Deficiency TA-1<sup>17</sup>**).

*Corrective Action:* Prior to completion of the inspection, FCHC initiated corrective action by conducting the serviceability verification/tests and documenting the results on the required form for the required week of ODO's inspection (**C-3**).

## **SECURITY AND CONTROL**

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

ODO's review of FCHC fire drill documentation found that although fire drills were completed quarterly in all areas of the facility monthly drills were not conducted (**Deficiency EH&S-1<sup>18</sup>**).

A waiver was requested and approved in June 2014 to allow the barbering operation at FCHC to take place in the housing unit dayrooms. However, ODO's inspection of the barbering tools found a neck duster in the tool kit which is a prohibited common use barbering item (**Deficiency EH&S-3<sup>19</sup>**).

*Corrective Action:* Prior to completion of the inspection, FCHC initiated corrective action by removing and discarding the neck duster (**C-4**).

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<sup>16</sup> "The local supplement to the detainee handbook shall include contact information for the ICE/ERO Field Office and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees at the facility. The same information shall be posted in the living areas (or "pods") of the facilities". See ICE See Change Notice: Staff-Detainee Communication June 15, 2007.

<sup>17</sup> "ICE staff will verify serviceability of all telephones in detainee housing units by conducting random calls to pre-programmed numbers posted on the pro bono/consulate list." See Change Notice: Detainee Telephone Services - April 4, 2007.

<sup>18</sup> "Monthly fire drills will be conducted and documented separately in each department." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4).

<sup>19</sup> "The common use of brushes, neck duster, shaving mugs and shaving brushes will be prohibited." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(P)(4)(f).

## CONCLUSION

During this inspection, ODO reviewed the facility's compliance with fifteen (15) standards and found the facility compliant with ten (10). ODO found fourteen (14) deficiencies in the remaining six (6) standards--two (2) of which were repeat deficiencies. ODO found a reduction in the number of deficiencies identified since its last inspection in FY 2013. ODO recommends ERO work with facility personnel to remedy any deficiencies that remain outstanding, as applicable and in accordance with contractual obligations.

<b>Inspection Results Compared</b>	<b>FY 2013 (NDS 2000)</b>	<b>FY 2017 (NDS 2000)</b>
Standards Reviewed	20	15
Deficient Standards	11	6
Overall Number of Deficiencies	17	14
Deficient Priority Components	N/A	N/A
Corrective Action	N/A	4