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U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
Inspections and Detention Oversight Division
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**Office of Detention Oversight
Compliance Inspection**

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

**Plymouth County Correctional Facility
Plymouth, MA**

November 19-21, 2019

COMPLIANCE INSPECTION
of the
PLYMOUTH COUNTY CORRECTIONAL FACILITY
Plymouth, MA

TABLE OF CONTENTS

FACILITY OVERVIEW	4
COMPLIANCE INSPECTION PROCESS	5
FINDINGS BY NATIONAL DETENTION STANDARDS 2000	
MAJOR CATEGORIES	6
DETAINEE RELATIONS	7
COMPLIANCE INSPECTION FINDINGS	9
DETAINEE SERVICES.....	9
Admission and Release (A&R).....	9
Detainee Classification System (DCS)	9
Food Service (FS)	9
Funds and Personal Property (F&PP).....	10
Recreation (R).....	10
Visitation (V)	10
SECURITY AND CONTROL.....	10
Environmental Health and Safety (EH&S).....	10
Special Management Unit (Disciplinary Segregation) (SMU DS)	10
Use of Force (UOF)	11
HEALTH SERVICES	11
Medical Care (MC).....	11
Suicide Prevention and Intervention (SP&I)	11
CONCLUSION	12

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FACILITY OVERVIEW

The 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 November 19 to 21, 2019.¹ The facility opened in 1994 and is owned and 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 (FOD) in Boston (ERO Boston). The facility operates under the National Detention Standards (NDS) 2000.

ERO has assigned Deportation Officers (DOs) and a Detention Services Manager (DSM) to the facility. A PCCF superintendent handles daily facility operations and is supported by ██████ personnel. Trinity Services Group provides food services, Correctional Psychiatric Services Health Care provides medical care, and Trinity Keefe Courtesy Corporate Office provides commissary services at the facility. The American Correctional Association accredited the facility in 2017 and was Department of Justice (DOJ) Prison Rape Elimination Act (PREA) certified².

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ³	402
Average ICE Detainee Population ⁴	307
Male Detainee Population (as of 11/19/2019)	368
Female Detainee Population (as of 11/19/2019)	N/A

During its last inspection, in FY 2019, ODO found 23 deficiencies in the following areas: Admission and Release (4); Custody Classification System (2); Environmental Health and Safety (3); Food Service (2); Medical Care (5); Special Management Units (5) and Suicide Prevention and Intervention (2).

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

² PCCF completed a DOJ PREA Audit in July 2017, which the facility maintains on their website at <http://pcsdma.org/prea.html> and indicates the facility met all standards.

³ Data Source: ERO Facility Questionnaire as of October 29, 2019.

⁴ *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.⁵

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.

⁵ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected ⁶	Deficiencies
Part 1 – Detainee Services	
Access to Legal Material	0
Admission and Release	3
Detainee Classification System	0
Detainee Grievance System	0
Food Service	2
Funds and Personal Property	1
Recreation	1
Religious Practices	0
Staff-Detainee Communication	0
Telephone Access	0
Visitation	1
Sub-Total	8
Part 2 – Security and Control	
Environmental Health and Safety	1
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	1
Use of Force	1
Sub-Total	3
Part 3 – Health Services	
Medical Care	2
Suicide Prevention and Intervention	1
Sub-Total	3
Total Deficiencies	14

⁶ For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

DETAINEE RELATIONS

ODO interviewed 10 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.

Medical Care: One detainee stated he requested a knee bandage for pain in his knee two or three months ago and has not received the medical dressing.

- Action Taken: ODO reviewed the detainee's medical file. On 08/19/19, the detainee was seen by a facility registered nurse for a medical assessment of both his knees. It was determined that nothing was wrong with either of his knees. He was offered medication (Motrin) but refused this treatment method.

Medical Care: One detainee stated he suffered from mental health issues and arrived at PCCF with psychotropic medications, two of which were denied by the facility. He also stated he had been on and off suicide watch.

- Action Taken: ODO reviewed the detainee's medical records and noted the detainee was transferred to PCCF from Suffolk House of Corrections in Boston, MA on September 25, 2019. The detainee arrived with several psychotropic medications, which two medications were not approved for use in PCCF. PCCF mental health staff prescribed two comparable, approved medications, to replace the non-approved medications. The detainee was never put on suicide watch at PCCF.

Mail: Two detainees stated they are not receiving original mail or photographs. Both detainees indicated all mail is being sent to a facility in Missouri, which scans the original mail and photographs, and then sends the reproductions to the detainees housed at PCCF. Additionally, one detainee expressed concern he may not be receiving his legal mail.

- Action Taken: ODO interviewed facility staff, reviewed the facility's mail procedures and learned PCCF contracted a third party, Securus, to receive, review and scan all detainee personal mail and photographs as a security practice. Securus provided copies of all received personal mail and photographs to PCCF, who in turn, provided the copies to the detainees. Personal mail and photographs were only withheld from detainees if the mail or photographs violated PCCF policy. ODO reviewed PCCF's legal mail log and found the facility logged legal mail upon receipt. ODO observed a log entry on July 23, 2019, which indicated legal mail was received and provided to the detainee who stated he may not be receiving legal mail.

Religious Practices: One detainee stated PCCF allows religious turbans; however, facility staff conducts random searches of his headwear and when he returns from a visit outside of the facility.

- Action Taken: ODO interviewed the chaplain, reviewed the facility detainee handbook and policy, and found PCCF informed detainees in the detainee handbook, religious headwear may be searched during random searches and if a detainee leaves the facility.

Visitation: Two detainees informed ODO they cannot receive visits from friends because it takes a long time to be able to add people to their visiting list.

- Action Taken: ODO spoke with visiting officers, who indicated PCCF only allows detainees to update their visiting list every six months. Detainees create their list during their intake and then were permitted to update every six months. ODO did not find the described practice in the facility's detainee handbook, visitation policy, nor was it included in the orientation video. ODO noted this practice as an **Area of Concern** in the compliance inspection findings section of this report.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ADMISSION AND RELEASE (A&R)

ODO reviewed 25 detainee detention files and found one detainee was strip-searched while reasonable suspicion for conducting the search was not documented (**Deficiency A&R-1⁷**).

ODO's review of 25 detainee detention files found all had a signed Order to Detain or Release (Form I-203); however, the forms were lacking complete information. Specifically, one form did not note if the order was to detain or release, and the other form was missing the facility's name (**Deficiency A&R-2⁸**).

ODO reviewed five detention files of detainees who have been released from the PCCF and determined none of these files contained a Form I-203 (**Deficiency A&R-3⁹**).

DETAINEE CLASSIFICATION SYSTEM (DCS)

PCCF does not have a clearly defined process for reclassification and ODO noted this as an **Area of Concern**. If a defined reclassification process was in place, detainees would be housed in their appropriate classification level and corresponding housing assignment, ensuring safety of the staff and other detainees housed at the facility.

FOOD SERVICE (FS)

ODO observed food service operations and found the exhaust hoods above the stoves in the kitchen leaked rainwater (**Deficiency FS-1¹⁰**).

⁷ "Facilities are reminded that strip searches, cavity searches, monitored changes of clothing, monitored showering, and other required exposure of the private parts of a detainee's body for the purpose of searching for contraband are prohibited, absent reasonable suspicion of contraband possession. Facilities may use less intrusive means to detect contraband, such as clothed pat searches, intake questioning, x-rays, and metal detectors. ...If information developed during admission processing supports reasonable suspicion for a full search, the information supporting that suspicion should be documented in detail on Form G-1025, Record of Search." *See* Change Notice – Admission and Release National Detention Standards-Standard Strip Search Policy – October 15, 2007. **This is a repeat deficiency.**

⁸ "An order to detain or release (Form I-203 or I-203a) bearing the appropriate official signature shall accompany the newly arriving detainee. IGSA facilities shall forward the detainee's A-file or temporary work file to the INS office with jurisdiction. Staff shall prepare specific documents in conjunction with each new arrival to facilitate timely processing, classification, medical screening, accounting of personal effects, and reporting of statistical data." *See* ICE NDS 2000, Standard, Admission and Release, Section (III)(H).

⁹ "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 personal property; and reclaiming facility-issued clothing, bedding, etc. INS will approved [*sic*] the IGSA release procedures." *See* ICE NDS 2000, Standard, Admission and Release, Section (III)(J). *Note:* The NDS section number is incorrect. The cited section should be (III)(L).

¹⁰ "Food and ice will be protected from dust, insects and rodents, unclean utensils and work surfaces, unnecessary handling, coughs and sneezes, flooding, drainage, overhead leakage, and other sources of contamination. Protection

ODO observed PCCF does not have lids on the garbage containers in the food service area (**Deficiency FS-2¹¹**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the property seizure reports that detainees sign at intake and found the forms indicated the detainee's abandoned property will be disposed of or destroyed within 30 days of the detainee's release instead of turning the abandoned property over to ERO (**Deficiency F&PP-1¹²**).

ODO also identified the following two **Areas of Concern**: In nineteen detainee files reviewed, the facility staff member completing the inventory of a detainee's property upon admission did not sign the inventory form. Additionally, documentation for returning the detainee's property upon release was not included in five detainee files.

RECREATION (R)

ODO inspected all housing units and interviewed facility staff and found six detainees in the special management units were recreated after midnight instead of during normal waking hours (**Deficiency R-1¹³**).

VISITATION(V)

ODO reviewed PCCF's visitation policy, interviewed PCCF staff and determined while the facility permits visitation for ICE detainees, the facility's policy does not allow detainee visitation during their first [REDACTED] days at PCCF, which includes at least one Saturday and Sunday (**Deficiency V-1¹⁴**).

The PCCF detainee handbook and orientation video do not clearly explain the process of how the facility verifies visitors and when detainees may update their visiting list. ODO noted this as an **Area of Concern**.

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO inspected the cleaning chemicals used by detainees to clean their personal space and common area in the housing unit. These small individual cleaning bottles were not appropriately labeled

will be continuous, whether the food is in storage, in preparation/on display, or in transit." *See* ICE NDS 2000, Standard, Food Service, Section (III)(D)(5).

¹¹ "Garbage and other trash shall be collected and removed as often as possible. The garbage/ refuse containers shall have sufficient capacity for the volume, and shall be kept covered, cleaned frequently, and insect-and rodent proof. The facility shall comply with all applicable regulations (local, state, and federal) on refuse-handling and disposal." *See* ICE NDS 2000, Standard, Food Service, Section (III)(H)(5)(j).

¹² "All CDFs and IGSA facilities shall report and turn over to INS all detainee abandoned property." *See* ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(I).

¹³ "Detainees in the SMU shall be offered at least one hour of recreation per day, scheduled at a reasonable time, at least five days per week." *See* ICE NDS 2000, Standard, Recreation, Section (III)(H).

¹⁴ "Visits shall be permitted during set hours on Saturdays, Sundays and holidays." *See* ICE NDS 2000, Standard, Visitation, Section (III)(H)(1).

with the contents of the container (**Deficiency EH&S-1¹⁵**).

SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION) (SMU DS)

PCCF was unable to provide documentation showing the facility completes disciplinary segregation orders prior to placing detainees in disciplinary segregation (**Deficiency SMU DS-1¹⁶**).

USE OF FORCE (UOF)

ODO's review of PCCF's UOF policy determined there were no written procedures regarding after-action reviews. There was also no documentation to verify the Field Office approved the after-action review process (**Deficiency UOF-1¹⁷**).

HEALTH SERVICES

MEDICAL CARE (MC)

ODO reviewed 11 mental health cases and found five in which the detainees did not sign an informed consent form for the use of psychotropic medications (**Deficiency MC-1¹⁸**).

ODO toured the housing units and observed medical staff triaged detainee sick call requests in the housing unit common area, close to the [REDACTED] in the presence of correctional staff (**Deficiency MC-2¹⁹**).

SUICIDE PREVENTION AND INTERVENTION (SP&I)

During the review of staff training records, ODO found [REDACTED] PCCF medical staff employees have

¹⁵ "The OIC will individually assign the following responsibilities associated with the labeling procedure:...

2. Requiring use of properly labeled containers for hazardous materials, including any and all miscellaneous containers into which employees might transfer the material;
3. Teaching staff the meaning of the classification code and the MSDS, including the safe handling procedures for each material; and impressing on staff the need to ensure containers are properly labeled; and
4. Placing correct labels on all smaller containers when only the larger shipping container bears the manufacturer-affixed label."

See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(J)(2)(3) and (4).

¹⁶ "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).

¹⁷ "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).

¹⁸ "As a rule, medical treatment will not be administered against the detainee's will. The facility health care provider will obtain signed and dated consent forms from all detainees before any medical examination or treatment, except in emergency circumstances." *See* ICE NDS 2000, Standard, Medical Care, Section (III)(L).

¹⁹ "Adequate space and equipment will be furnished in all facilities so that all detainees may be provided basic health examinations and treatment in private." *See* ICE NDS 2000, Standard, Medical Care, Section (III)(B). **This is a repeat deficiency.**

not completed suicide prevention and intervention training (**Deficiency SP&I-1**²⁰).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 17 standards under NDS 2000 and found the facility in compliance with eight of those standards. ODO found 14 deficiencies in the remaining 10 standards. ODO commends facility staff for their responsiveness during this inspection.

In addition to the deficiencies identified above, ODO noted four **Areas of Concern** in the detainee classification, funds and personal property and visitation standards. ODO found there is no clearly defined process for reclassification, facility staff do not complete documentation when receiving and releasing detainees' property, and detainees do not obtain any information on how the facility verifies visitors and when they can update their visiting list.

ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2019 (NDS 2000)	FY 2020 (NDS 2000)
Standards Reviewed	15	17
Deficient Standards	8	10
Overall Number of Deficiencies	23	14
Deficient Priority Components	0	0
Repeat Deficiencies	1	3
Corrective Actions	6	0

²⁰ "All staff will receive training, during orientation and periodically, in the following: recognizing signs of suicidal thinking, including suspect behavior; facility referral procedures; suicide prevention techniques; and responding to an in-progress suicide attempt. All training will include the identification of suicide risk factors and the psychological profile of a suicidal detainee." See ICE NDS 2000, Standard, Suicide Prevention and Intervention, Section (III)(A). **This is a repeat deficiency.**