



**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  
Follow-Up Compliance Inspection**

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

**Plymouth County Correctional Facility  
Plymouth, Massachusetts**

**April 19-22, 2021**

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

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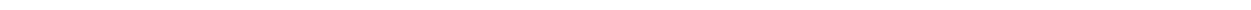
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## **FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS**



Acting Team Lead  
Contractor  
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ODO  
Creative Corrections  
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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 follow-up compliance inspection of the Plymouth County Correctional Facility (PCCF) in Plymouth, Massachusetts, from April 19 to 22, 2021.<sup>1</sup> This inspection focused on the standards found deficient during ODO's last inspection of PCCF from November 16 to 19, 2020. The facility opened in 1994, is owned by the Commonwealth of Massachusetts, and is 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) 2019.

ERO has assigned deportation officers and a detention service manager to the facility. An assistant superintendent handles daily facility operations and manages [REDACTED] support personnel. Trinity Food Service provides food services, Correctional Psychiatric Services Health Care provides medical care, and the Keefe Commissary Group provides commissary services at the facility. The American Correctional Association accredited the facility in November 2020.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	114
Average ICE Detainee Population <sup>3</sup>	[REDACTED]
Male Detainee Population (as of April 19, 2021)	[REDACTED]
Female Detainee Population (as of April 19, 2021)	N/A

During its last inspection, in November 2020, ODO found 12 deficiencies in the following areas: Environmental Health and Safety (1); Custody Classification System (2); Facility Security and Control (1); Special Management Units (4); Food Service (1); Medical Care (1); Disability Identification, Assessment, and Accommodation (1); and Law Libraries and Legal Materials (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 longer than 72 hours.

<sup>2</sup> Data Source: ERO Facility List Report as of April 19, 2021.

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

## **FOLLOW-UP COMPLIANCE INSPECTION PROCESS**

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

While 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, Hunger Strikes, 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 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.

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.

## FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected <sup>4&amp;5</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 – Security</b>	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Use of Force and Restraints	0
Special Management Units	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 4 – Care</b>	
Food Service	0
Hunger Strikes	0
Medical Care	1
Significant Self-harm and Suicide Prevention and Intervention	1
Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 6 – Justice</b>	
Law Libraries and Legal Materials	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>2</b>

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

<sup>5</sup> Beginning in FY 2021, ODO added Emergency Plans, Facility Security and Control, Population Counts, Hunger Strikes, and Staff Training as core standards. NDS 2019 does not include Emergency Plans, Population Counts, nor Staff Training as individual standards; however, those specific requirements are resident in other core standards.

## 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 their COVID-19 pandemic protocol. As such, the detainee interviews were conducted via telephone.

*Food Service:* Two detainees stated the facility had approved a medical diet for them, but the facility had not provided them the approved meal items, as required.

- Action Taken: ODO interviewed the food service administrator (FSA) and reviewed diet menus with corresponding nutritional analysis. On February 21, 2021, a registered dietitian certified all menus as nutritionally adequate. The FSA reported the facility provided the prescribed medical diets to the detainees. On April 30, 2021, PCCF staff met with both detainees to discuss their prescribed diets and how to notify staff of concerns.

*Medical Care:* One detainee stated he requested an eye appointment four times with no response from the facility medical staff and subsequently had experienced headaches due to his poor vision.

- Action Taken: ODO interviewed a PCCF registered nurse (RN) and reviewed the detainee's medical records. On April 4, 2021, the detainee submitted a sick call slip requesting eyeglasses and received a referral to the optometrist the same day. The PCCF RN informed ODO the detainee was in the optometry queue to see the contracted optometrist and the facility had informed the detainee of the referral. Additionally, the facility RN noted the detainee had not submitted any subsequent medical requests regarding his vision issues.

# FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

## CARE

### MEDICAL CARE (MC)

ODO reviewed 12 detainee medical records and found 1 record where the facility did not perform the initial dental screening within the required 14 days of a detainee’s arrival (**Deficiency MC-43<sup>6</sup>**).

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

ODO reviewed two medical files of detainees placed on a mental health watch and found the facility staff conducting welfare checks were not mental health providers. Specifically, the facility nurses, without the requisite credentials/licensing, conducted the welfare checks (**Deficiency SSHSPI-22<sup>7</sup>**).

## CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 13 standards under NDS 2019 and found the facility in compliance with 11 of those standards. ODO found two deficiencies in the remaining two 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 in accordance with contractual obligations.

Compliance Inspection Results Compared	First FY 2021 (NDS 2019)	Second FY 2021 (NDS 2019)
Standards Reviewed	18	13
Deficient Standards	8	2
Overall Number of Deficiencies	12	2
Repeat Deficiencies	0	0
Areas of Concern	1	0
Corrective Actions	0	0

<sup>6</sup> “An initial dental screening exam shall be performed within 14 days of the detainee’s arrival.” See ICE NDS 2019, Standard, Medical Care, Section (II)(H).

<sup>7</sup> “A mental health provider will perform welfare checks every [REDACTED].” See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(F).