



U.S. Department of Homeland Security
Immigration and Customs Enforcement
Office of Professional Responsibility
Inspections and Detention Oversight Division
Washington, DC 20536-5501

**Office of Detention Oversight
Follow-Up Compliance Inspection**

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

**Plymouth County Correctional Facility
Plymouth, Massachusetts**

April 26-28, 2022

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

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FOLLOW-UP 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 follow-up inspection of the Plymouth County Correctional Facility (PCCF) in Plymouth, Massachusetts, from April 26 to 28, 2022.¹ This inspection focused on the standards found deficient during ODO’s last inspection of PCCF from October 18 to 21, 2021. The facility opened in 1994 and is owned by the Commonwealth of Massachusetts 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 in Boston (ERO Boston). The facility operates under the National Detention Standards (NDS) 2019.

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

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	████
Average ICE Population ³	████
Adult Male Population (as of April 26, 2022)	████
Adult Female Population (as of April 26, 2022)	████

During its last inspection, in Fiscal Year (FY) 2022, ODO found 10 deficiencies in the following areas: Correspondence and Other Mail (1); Medical Care (1); Searches of Detainees (2); Sexual Abuse and Assault Prevention and Intervention (5); and Significant Self-Harm and Suicide Prevention and Intervention (1).

¹ This facility holds male detainees with security classification levels for periods greater than 72 hours.

² Data Source: ERO Facility List as of April 26, 2022.

³ *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.

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{4,5}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	0
Searches of Detainees	0
Use of Force and Restraints	0
Special Management Unit	0
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Significant Self-Harm and Suicide Prevention and Intervention	0
Sub-Total	0
Part 5 - Activities	
Correspondence and Other Mail	0
Sub-Total	0
Total Deficiencies	0

⁴ For greater detail on ODO's findings, see the *Follow-up Inspection Findings* section of this report.

⁵ Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

DETAINEE RELATIONS

ODO interviewed five detainees, who each voluntarily agreed to participate. One of the detainees alleged mistreatment and abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

Medical Care: One detainee stated he used a cane for the last 25 years due to a handicap and issues with his hands and feet. He stated the facility initially provided him with a cane but took it from him after a month because a facility doctor determined he did not need it. The detainee stated his back and legs hurt, he needed his cane, and he submitted requests to medical staff regarding this issue. He did not specify when he submitted the requests.

- Action Taken: ODO interviewed the Assistant Deputy Superintendent (ADS), reviewed the detainee's medical file, and found on March 21, 2022, a physician assistant advised facility staff to remove the cane from the detainee's possession, pending an evaluation of him to determine a medical need for the cane. On March 21, 2022, a licensed practical nurse (LPN) observed video footage of the detainee moving easily without his cane and running through the housing unit to attack other detainees. Additionally, the LPN observed the detainee throwing punches with a solid base and moving his legs independently. On March 21, 2022, the LPN stood outside his cell at housing unit G and observed him walking from his bunk to the cell door without difficulty nor any balance issues. The LPN notified the detainee regarding the termination of his cane because of multiple witness accounts and video footage of him walking about his housing unit without his cane.

Sexual Abuse and Assault Prevention and Intervention: One detainee stated three correctional officers from the Wyatt Detention Center sexually assaulted him while under restraint at a local hospital on September 27, 2021. The detainee stated he informed PCCF staff of this alleged sexual assault when he arrived at PCCF.

- Action Taken: On April 27, 2022, ODO interviewed the ADS, reviewed the facility Offender Management System and PCCF Inmate Summary Report, and found no evidence ICE had custody of this detainee on September 27, 2021, the date of the alleged sexual assault. According to the PCCF Inmate Summary Report, ODO confirmed the detainee's status as a federal inmate under a federal court hold prior to March 18, 2022. PCCF originally took custody of this detainee as a federal inmate on October 4, 2021, and he transitioned to ICE custody at PCCF on March 18, 2022. After reviewing the PCCF Offender Management System and the ICE Enforcement and Removal Management System, ODO confirmed ICE custody of the detainee on March 18, 2022. ODO also confirmed PCCF notification of the Wyatt Detention Center about the assault on October 13, 2021. The ADS stated local police investigated, but the facility did not report the incident to ICE/ERO nor record it in the Joint Integrity Case Management System because it occurred prior to ICE custody of the detainee. ODO confirmed that on October 5, 2021, a PCCF Officer reported this incident to the PREA ADS and Medical Officer who evaluated the inmate and approved him for housing in segregation.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

ODO noted no deficiencies during this on-site follow-up compliance inspection.

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 13 standards under NDS 2019 and found the facility in compliance with all 13 standards. ODO found no deficiencies in any of the standards. ODO commends facility staff members for their responsiveness and partnership during this inspection. ERO provided ODO with the uniform corrective action plan for ODO's last inspection of PCCF on January 14, 2022.

Compliance Inspection Results Compared	First FY 2022 (NDS 2019)	Second FY 2022 (NDS 2019)
Standards Reviewed	19	13
Deficient Standards	5	0
Overall Number of Deficiencies	10	0
Repeat Deficiencies	1	0
Areas Of Concern	0	0
Corrective Actions	1	0
Facility Rating	Superior	N/A