



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

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**Office of Detention Oversight  
Compliance Inspection  
2024-001-230**

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

**Plymouth County Correctional Facility  
Plymouth, Massachusetts**

**December 5-7, 2023**

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

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## COMPLIANCE INSPECTION TEAM MEMBERS



Acting Team Lead	ODO
Senior Inspections and Compliance Specialist	ODO
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Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections

## FACILITY OVERVIEW

The U.S. 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 December 5 to 7, 2023.<sup>1</sup> 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 in Boston (ERO Boston). The facility operates under the National Detention Standards (NDS) 2019.

[REDACTED] A superintendent handles daily facility operations and manages [REDACTED] support personnel. Trinity Services provides food services, Correctional Psychiatric Services Health Care provides medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the American Correctional Association in September 2020.

Capacity and Population Statistics	Quantity
ICE Bed Capacity <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of December 5, 2023)	[REDACTED]
Adult Female Population (as of December 5, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found no deficiencies.

<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 Custody Management Division Authorized Facility List as of December 4, 2023.

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

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.<sup>4</sup>

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures, as “deficiencies.” ODO highlights instances when 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.

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

## FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected <sup>5,6</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
Post Orders	0
Searches of Detainees	0
Use of Force and Restraints	0
Special Management Units	0
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 4 - Care</b>	
Food Service	0
Hunger Strikes	0
Medical Care	0
Personal Hygiene	0
Significant Self-Harm and Suicide Prevention and Intervention	1
<b>Sub-Total</b>	<b>1</b>
<b>Part 5 - Activities</b>	
Correspondence and Other Mail	0
Religious Practices	0
Telephone Access	0
Voluntary Work Program	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 - Justice</b>	
Grievance System	0
Law Libraries and Legal Materials	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 7 - Administration and Management</b>	

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

<sup>6</sup> Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

Detention Files	0
Detainee Transfers	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>1</b>

## DETAINEE RELATIONS

ODO interviewed 39 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 concern listed below.

*Medical Care:* One detainee stated the facility’s treatment of his gout has done little to reduce the pain and inflammation of his knee and he requests a medical evaluation by an outside doctor.

- Action Taken: ODO interviewed the health services administrator (HSA), reviewed the detainee’s medical records, and confirmed the facility’s medical treatment of the detainee for gout through prescriptions for Allopurinol (300 mg) and acetaminophen (650 mg). The detainee complied with his medication. The HSA confirmed the detainee’s prescription of Colchicine (6 mg) from September 26 to 29, 2023. The HSA stated the facility did not continue the Colchicine prescription due to possible adverse effects to the kidneys. As of December 7, 2023, the facility was awaiting a scheduled rheumatology appointment for the detainee. At the request of ODO, the HSA met with the detainee to explain his treatment and rheumatology referral. Following the inspection, ODO confirmed the rheumatology appointment was scheduled; however, the detainee was transferred from the facility prior to the appointment date.

## COMPLIANCE INSPECTION FINDINGS

### CARE

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

ODO reviewed █ detainee medical records, of detainees the facility placed on suicide watch, and found in █ out of █ records, 12 instances in which mental health providers conducted welfare checks between approximately 10 and 25.5 hours after the last check (**Deficiency SSHSPI-22**<sup>7</sup>).

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<sup>7</sup> “A mental health provider will perform welfare checks every 8 hours.” See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(F).

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 24 standards under NDS 2019 and found the facility in compliance with 23 of those standards. ODO found one deficiency in the remaining standard. Since PCCF's last full inspection in November 2022, the facility's compliance with NDS 2019 has remained high. PCCF went from no deficient standards and no deficiencies in November 2022 to 1 deficient standard and 1 deficiency during this most recent full inspection. ODO recommends ERO Boston continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2023 Full Inspection (NDS 2019)</b>	<b>FY 2024 Full Inspection (NDS 2019)</b>
Standards Reviewed	19	24
Deficient Standards	0	1
Overall Number of Deficiencies	0	1
Priority Component Deficiencies	0	0
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	Superior