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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, Massachusetts

November 16-19, 2020

COMPLIANCE INSPECTION
of the
PLYMOUTH COUNTY CORRECTIONAL FACILITY
Plymouth, Massachusetts

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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 compliance inspection of the Plymouth County Correctional Facility (PCCF) in Plymouth, Massachusetts, from November 16 to 19, 2020.¹ 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) 2019.

ERO has assigned deportation officers and a detention services manager 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 Keefe provides commissary services at the facility. The facility was accredited by the American Correctional Association in June 2017.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	As Needed
Average ICE Detainee Population ³	████
Male Detainee Population (as of 4/2/2019)	████
Female Detainee Population (as of 4/2/2019)	N/A

During its last inspection, in Fiscal Year (FY) 2020, ODO found 14 deficiencies in the following areas: Admission and Release (3); Food Service (2); Funds and Personal Property (1); Recreation (1); Visitation (1); Environmental Health and Safety (1); Special Management Unit (Disciplinary Segregation) (1); Use of Force (1); Medical Care (2); and Suicide Prevention and Intervention (1).

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

² Data Source: ERO Facility List Report as of November 16, 2020.

³ *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.⁴

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.

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.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{5&6}	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	1
Sub-Total	1
Part 2 – Security	
Admission and Release	0
Custody Classification System	2
Facility Security and Control	1
Funds and Personal Property	0
Use of Force and Restraints	0
Special Management Units	4
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	7
Part 4 – Care	
Food Service	1
Hunger Strikes	0
Medical Care	1
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	1
Sub-Total	3
Part 5 – Activities	
Religious Practices	0
Telephone Access	0
Sub-Total	0
Part 6 – Justice	
Grievance Systems	0
Law Libraries and Legal Material	1
Sub-Total	1
Total Deficiencies	12

⁵ For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

⁶ Beginning in FY 2021, ODO added Emergency Plans, Population Counts, Facility Security and Control, 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. One detainee exhibited signs of mental health issues during the interview and ODO immediately referred him to both ERO and facility medical staff for follow-up. 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 lockdown restrictions initiated to prevent the risk of spreading COVID-19. The facility would not move detainees between housing units to prevent the risk of spreading COVID-19 and placed telephones in interview rooms located in the detainees' housing units. As such, ODO conducted the detainee interviews via telephone in interview rooms located in the detainees' housing units.

Medical Care: One detainee stated he was not satisfied with medical care because medication prescribed for his knee pain did not relieve his condition.

Action Taken: ODO requested information from the health services administrator (HSA) who conducted a medical record review which indicated on August 3, 2020, the detainee had an MRI of his knee with negative results. On September 3, 2020, the detainee saw the physician who prescribed pain/anti-inflammatory medication and a knee brace. On September 3, 2020, the physician evaluated the detainee and documented the left knee pain was resolved. On October 7, 2020, the physician evaluated the detainee during sick call and the detainee stated he re-injured his knee while exercising. The physician encouraged him to rest his leg, wear the knee brace, and continue with the pain/anti-inflammatory medication. On October 17, 2020, the nurse practitioner (NP) evaluated the detainee for back pain. The NP ordered thoracic (upper back) and chest x-rays. On November 13, 2020, the detainee had the x-rays completed which both were normal. Medical staff informed the detainee of the test results on November 19, 2020, and instructed him to submit a sick call request if he needed further treatment.

Medical Care: One detainee stated he was not satisfied with medical care because he had a tear in his knee and facility staff did not schedule the detainee to receive an operation. The detainee also stated he had a history of carcinoma and melanoma, which medical staff did not diagnose an irregular red spot on his temple.

- Action Taken: ODO requested information from the HSA who conducted a medical record review, which indicated the NP completed the detainee's initial assessment on September 29, 2020, and the detainee reported a red spot on his temple and a tear in his knee. The detainee stated he underwent an MRI while housed at a previous detention facility. The MRI results indicated a right meniscus tear. On November 12, 2020, the physician evaluated the detainee and notified the detainee he was referring him to orthopedics for his knee and dermatology for the spot on his temple. The HSA requested both appointments on November 13, 2020, and the facility was waiting for appointment confirmations from the service providers.

Medical Care: One detainee stated he was not satisfied with medical care because he had stomach pain medical staff were not able to resolve. The detainee also stated the facility had not provided him eyeglasses.

- Action Taken: ODO requested information from the HSA who conducted a medical record review, which indicated the physician ordered and completed an abdominal x-ray on October 2, 2020. The results of the x-ray were negative, and the physician ordered an abdominal computerized tomography (CT) scan with contrast for November 18, 2020. Results of the CT scan showed questionable retained stool, which the physician found concerning. The physician saw the detainee on his return to the facility and informed him of the test results. The physician notified and scheduled the detainee for a colonoscopy on December 4, 2020, to rule out any further issues.

The optometrist evaluated the detainee on October 19, 2020, and prescribed and ordered eyeglasses for the detainee the same day. The optometrist informed the detainee the eyeglasses took about eight weeks for delivery. The facility was waiting for delivery of the eyeglasses from an outside vendor.

Medical Care: One detainee showed signs of mental health issues and ODO immediately referred the detainee to medical staff for follow-up.

- Action Taken: ODO requested information from the HSA who conducted a medical record review, which indicated the physician completed the detainee's initial assessment on November 10, 2020. The dentist evaluated the detainee on the same date. Since then, the detainee did not submit any sick call requests. Additionally, during the ODO interview on November 16, 2020, the detainee stated he was depressed and wanted to see a mental health provider. The mental health intern, supervised by the licensed certified social worker, interviewed the detainee the same day and determined he was not suicidal and did not need medical supervision. As such, the detainee was returned to his housing unit. The mental health intern instructed the detainee during the interview to put in a sick call request for further mental health treatment, if needed.

Medical Care: One detainee stated he was not satisfied with medical care and had not taken his medicine recently because he did not want to take medicine on an empty stomach. The detainee also stated the facility did not provide him with medical care for a hernia because he did not have insurance.

- Action Taken: ODO interviewed the HSA who conducted a medical record review, which indicated the NP noted on January 23, 2020, during the detainee's initial assessment the detainee had left and right inguinal hernias. The NP documented neither hernia was painful and both were easily reducible (pushed back into the inguinal canal). The NP reduced both hernias and the detainee required no further treatment. There was no documentation regarding the detainee's insurance or lack thereof. The HSA reviewed the detainee's medication administration records and found he refused his morning medication six days in October 2020 and four days in November 2020. The detainee complained of gastritis (heart burn) was prescribed medication to reduce

gastric reflex; however, the detainee refused the medication. The detainee signed refusal forms and medical staff educated the detainee on each occasion regarding the importance of taking the medication. Medical staff instructed the detainee with each refusal to put in a sick call to request further medical treatment.

Food Service: Multiple detainees stated they were not satisfied with food service because the food menu is repetitive, and the food was all mixed together on the serving trays when it arrived at the housing units. Two detainees also stated they received spoiled milk even when the expiration date showed the milk had not expired.

- Action Taken: ODO discussed the complaints with the food service director (FSD) and the assistant deputy superintendent (ADS) and found PCCF implemented a three-compartment disposable tray on November 12, 2020, due to staff shortage resulting from the COVID-19 quarantine of five kitchen staff members and 12 local inmate kitchen workers. Prior to this date, the facility used a four-compartment insulated tray. Due to the decreased number of compartments, kitchen staff placed dry food items in the same compartment as other dry items and placed the utensil in the large compartment to avoid puncture of the tray. Two ADSs accompanied the trays to one housing unit during the lunch meal on November 19, 2020, and stated there were no complaints from the detainees. ODO confirmed with the FSD the detainees who complained of repetitive meals were on medically prescribed and halal meals. Due to the detainees' dietary restrictions, the medical diets and religious diets menus were more repetitive. However, ODO determined PCCF provided a good variety of halal food options.

Also, facility staff informed ODO they rotated milk inventory to ensure all items were used prior to the expiration date. Housing officers were aware if a detainee complained about the taste of the milk, they were to notify the kitchen staff and provide the detainee with a replacement.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO interviewed the fire safety officer/environmental health and safety officer (FSO/EHSO), reviewed the facility's emergency plans and found the emergency plans did not include procedures for detainees with disabilities to ensure their safety during an emergency (**Deficiency EH&S-1⁷**).

ODO reviewed 37 fire drills and found PCCF recorded fire drills on two different forms. The FSO/EHSO stated the facility created the new form to document pulling [REDACTED] and the time it took the facility staff to [REDACTED]. ODO found 12 fire drills recorded on the new fire drill form did not include retrieval of the [REDACTED] the time staff brought the keys [REDACTED]. ODO found 13 fire drills recorded on the older fire drill form provided the [REDACTED] in the narrative but did not mention if staff drew the [REDACTED]. ODO found in 12 out of 13 fire drills, the documented time of retrieval of [REDACTED] was prior to the start of the drill. During the inspection, the FSO/EHSO informed ODO they removed the older form from further use and stated staff would be informed to no longer use the older form. ODO noted this as an **Area of Concern**.

SECURITY

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO interviewed the assistant director of classification, reviewed the detainee roster, and found the facility did not house two detainees according to their classification levels. Specifically, the facility housed two detainees classified as low security with detainees classified as high security. ODO advised the facility of the classification issue and confirmed facility staff moved both detainees to a housing unit appropriate for their classification level (**Deficiency CCS-1⁸**).

ODO interviewed the ICE unit manager and assistant director of classification and found the facility's classification system did not ensure detainees were reassessed, nor reclassified at regular intervals nor upon occurrence of relevant events. Additionally, the facility's classification policy did not address detainee reclassification or reassessment at regular intervals (**Deficiency CCS-2⁹**).

FACILITY SECURITY AND CONTROL (FS&C)

ODO reviewed the visitor's sign-in logbook and found the logbook did not record the date and time of the visitor's arrival, the purpose of the visit, nor the time of departure (**Deficiency FS&C-**

⁷ "...Plans will include procedures for detainees with disabilities to ensure their safety and security during the facility response." *See* NDS 2019, Standard, Environmental Health and Safety, Section (II)(B).

⁸ "All facilities shall ensure detainees are housed according to their classification level." *See* ICE NDS 2019, Standard, Custody Classification System, Section (II)(D).

⁹ "All facility classification systems shall ensure that a detainee is reassessed and/or reclassified at regular intervals and upon the occurrence of relevant events." *See* ICE NDS 2019, Standard, Custody Classification System, Section (II)(F).

1¹⁰).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed 12 administrative segregation orders and found in 12 out of 12 orders, the releasing officer did not indicate, nor did the form contain, a place to record the date and time of the detainee's release from SMU (**Deficiency SMU-1¹¹**).

ODO reviewed 22 SMU detainee daily housing checklists and found 22 out of 22 checklists did not contain signatures of the officers conducting the activities (**Deficiency SMU-2¹²**).

ODO reviewed 22 SMU detainee daily housing checklists and found on 22 out of 22 checklists, the medical staff did not sign each detainee's record nor did the housing officer initial each detainee's record after medical visits were completed (**Deficiency SMU-3¹³**).

ODO reviewed 12 detainee daily activity checklists and found two out of 12 detainees were not offered and did not receive recreation at reasonable times (**Deficiency SMU-4¹⁴**).

CARE

FOOD SERVICE (FS)

ODO reviewed chemical inventories and found the perpetual inventories for hand soap, Oasis, Grease Strip, Ecoshine, Wash and Walk, and Solid Power were not accurate. Specifically, the inventory logs did not include entries for additions to the inventory and staff did not ensure the closing balance from the previous day were carried over to the beginning inventory for the following day (**Deficiency FS-1¹⁵**).

MEDICAL CARE (MC)

ODO reviewed 12 detainee medical records and found for five out of 12 detainees, the facility did not conduct a comprehensive health assessment, including a physical examination and mental

¹⁰ "Every entry in the logbook will identify the person visiting; the person or department visited; date and time of visitor's arrival; purpose of visit; and time of departure." See ICE NDS 2019, Standard, Facility Security and Control, Section (II)(C)(2)(b).

¹¹ "When the detainee is released from administrative segregation, the releasing officer shall indicate the date and time of release on the administrative segregation order. The completed order shall then be included in the detainee's detention file or maintained in a retrievable electronic format." See ICE NDS 2019, Standard, Special Management Units, Section (II)(A)(2)(c).

¹² "The special housing unit officer shall immediately record: ...

3) The officer that conducts the activity shall print his or her name and sign the record." See ICE NDS 2019, Standard, Special Management Units, Section (II)(D)(2)(a)(3).

¹³ "The facility medical staff shall sign each individual's record when the medical staff member visits a detainee in the SMU. The housing officer shall initial the record after the medical visits are completed, but no later than the end of the shift." See ICE NDS 2019, Standard, Special Management Units, Section (II)(D)(2)(b).

¹⁴ "Detainees in the SMU shall be offered at least one hour of recreation per day, outside their cells and scheduled at a reasonable time, at least five days per week." See ICE NDS 2019, Standard, Special Management Units, Section (II)(V).

¹⁵ "All staff members shall know where and how much toxic, flammable, or caustic material is on hand, and be aware that their use must be controlled and accounted for daily." See ICE NDS 2019, Standard, Food Service, Section (II)(I)(9)(b).

health screening within 14 days of arrival to the facility, as required. Specifically, the 14-day health assessments were completed between 18 to 21 days after the detainees arrived at the facility (**Deficiency MC-1¹⁶**).

DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIA&A)

ODO reviewed the facility’s orientation video and the facility’s detainee handbook and found the facility’s orientation program and the facility’s detainee handbook did not inform detainees how to request a reasonable accommodation (**Deficiency DIA&A-1¹⁷**).

JUSTICE

LAW LIBRARIES AND LEGAL MATERIALS (LL&LM)

ODO found the facility did not designate an employee with the responsibility to inspect the law library equipment and stock the law library with supplies at least weekly (**Deficiency LL&LM-1¹⁸**).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 18 standards under NDS 2019 and found the facility in compliance with 10 of those standards. ODO found 12 deficiencies in the remaining eight 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	FY 2020 (NDS 2000)	FY 2021 (NDS 2019)
Standards Reviewed	17	18
Deficient Standards	10	8
Overall Number of Deficiencies	14	12
Repeat Deficiencies	3	N/A
Corrective Actions	0	0

¹⁶ “The facility will conduct and document a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee’s arrival at the facility.” See ICE NDS 2019, Standard, Medical Care, Section (II)(E).

¹⁷ “The facility orientation program shall notify and inform detainees about the facility’s disability accommodations policy, including their right to request reasonable accommodations and how to make such a request, in a language and/or manner they can understand.” See ICE NDS 2019, Standard, Disability Identification, Assessment, and Accommodation, Section, (II)(I).

¹⁸ The facility shall designate an employee with responsibility to inspect the equipment at least weekly and ensure that it is in good working order, and to stock sufficient supplies.” See ICE NDS 2019, Standard, Law Libraries and Legal Materials, Section, (II)(B).