



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
Compliance Inspection**

Enforcement and Removal Operations

ERO Boston Field Office

Plymouth County Correctional Facility

Plymouth, Massachusetts

July 28–30, 2015

**COMPLIANCE INSPECTION
for the
PLYMOUTH COUNTY CORRECTIONAL FACILITY
PLYMOUTH, MASSACHUSETTS**

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EXECUTIVE SUMMARY

The Office of Detention Oversight (ODO) conducted a compliance inspection of the Plymouth County Correctional Facility (PCCF) in Plymouth, Massachusetts, from July 28 to 30, 2015.¹ PCCF opened in 1994 and is owned by the Commonwealth of Massachusetts and operated by the Plymouth County Sheriff’s office. Enforcement and Removal Operations (ERO) began housing detainees at PCCF in 1998 pursuant to an Intergovernmental Service Agreement (IGSA), under the oversight of ERO’s Field Office Director (FOD) in Boston, Massachusetts.

ERO staff members and a Detention Services Manager are assigned to the facility. A PCCF Superintendent is responsible for oversight of daily facility operations and is supported by (b)(7)e personnel. Trinity Services Group provides food services and Correctional Psychiatric Services (CPS) of Sherborn, Massachusetts and Plymouth County employees provide medical services.

Capacity and Population Statistics	Quantity
Total Bed Capacity	1140
ICE Detainee Bed Capacity	340
Average Daily Population	1073
Average ICE Detainee Population	80
Average Length of Stay (Days)	88
Male Detainee Population (as of 07/28/2015)	51
Female Detainee Population (as of 07/28/15)	N/A

The facility is not contractually obligated to comply with the ICE Performance-Based National Detention Standards (PBNDS) 2011, Sexual Abuse and Assault Prevention and Intervention (SAAPI) standard but made efforts to comply.² The facility is accredited by the American Correctional Association (ACA).

OVERALL FINDINGS

In November 2012, ODO conducted an inspection of PCCF under the National Detention Standards (NDS) 2000, reviewing the facility’s compliance with 21 standards and finding the facility compliant with 16 standards. There were a total of 18 deficiencies in the remaining five standards.

Inspection Results Compared	FY 2013 (NDS 2000)	FY2015 (NDS 2000)
Standards Reviewed	21	15
Deficient Standards	5	7
Overall Number of Deficiencies	18	10
Corrective Actions Initiated	0	4
Best Practice	0	1
Deficient Priority Components	N/A	N/A

In FY2015, ODO conducted an inspection of PCCF under the NDS 2000 reviewing the facility’s compliance with 15 standards and finding the facility compliant with eight standards. ODO found ten deficiencies in the remaining seven standards. Finally, ODO identified four opportunities where the facility initiated corrective action and one best practice during the course of the inspection.³

¹ Male and detainees with low, medium and high security classification levels are detained at the facility for longer than 72 hours.

² The facility has a zero tolerance policy articulated in PCCF Policy 268, Sexual Abuse and Harassment of Inmates. All facility staff, including volunteers and contractors receives training in sexual assault and abuse prevention and intervention. The training curriculum specifically addresses the Prison Rape Elimination Act (PREA).

³ Corrective actions, where immediately implemented, best practices and ODO recommendations, as applicable, have been identified in the Inspection Findings section and annotated with a “C”, “BP” or “R”, respectively.

FINDINGS BY NDS 2000 MAJOR CATEGORIES

NDS 2000 STANDARDS INSPECTED ⁴	DEFICIENCIES
Part 1 – Detainee Services	
Access to Legal Material	1
Admission and Release	0
Detainee Classification System	0
Detainee Grievance Procedures	3
Detainee Handbook	1
Food Service	1
Funds and Personal Property	0
Staff-Detainee Communication	1
Telephone Access	0
Sub-Total	7
Part 2 – Security and Control	
Environmental Health and Safety	2
Special Management Unit (Administrative)	0
Special Management Unit (Disciplinary)	0
Use of Force	0
Sub-Total	2
Part 3 – Health Services	
Medical Care	1
Suicide Prevention and Intervention	0
Sub-Total	1
Total Deficiencies	10

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

INSPECTION PROCESS

Every fiscal year, the Office of Detention Oversight (ODO), a unit within U.S. Immigration and Customs Enforcement's (ICE) Office of Professional Responsibility (OPR), conducts compliance inspections at detention facilities in which detainees are accommodated for periods in excess of 72 hours and with an average daily population greater than ten detainees, to determine compliance with the applicable ICE National Detention Standards (NDS) 2000, or the Performance-Based National Detention Standards (PBNDS) 2008 or 2011.

During the compliance inspection, ODO reviews each facility's compliance with those detention standards that directly affect detainee health, safety, and/or well-being.⁵ ODO then identifies as a "deficiency," any violation of written policy specifically linked to ICE detention standards, policies, or operational procedures. ODO will also highlight any deficiencies found involving those standards that ICE has designated with either the PBNDS 2008 or 2011 to be "priority components."⁶ ICE considers those components to be of critical importance, given their impact on facility security and/or the health and safety, legal rights, and quality of life of detainees in ICE custody.

Immediately following an inspection, ODO hosts a closeout briefing in person with both facility and ERO field office management to discuss their preliminary findings, which are summarized and provided to ERO in a preliminary findings report. Thereafter, ODO provides ERO with a final compliance inspection report to: (i) assist ERO in working with the facility to develop a corrective action plan to resolve identified deficiencies; and (ii) provide senior ICE and ERO leadership with an independent assessment of the overall state of ICE detention facilities. The reports enable senior agency leadership to make decisions on the most appropriate actions for individual detention facilities nationwide.

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

⁶ Priority components have not been identified for the NDS.

DETAINEE RELATIONS

ODO interviewed 21 detainees, who volunteered to participate. None of the detainees made allegations of mistreatment, abuse, or discrimination. The majority of detainees reported being satisfied with facility services, with the exception of the complaints below:

- *Access to Legal Material:* Two detainees alleged they were unable to print documents using the Lexis-Nexis computer system.
 - o Action Taken: Staff informed ODO, the detainees can request to have documents printed by submitting a request for legal assistance.
- *Food Service:* Three detainees alleged chicken is never served, and the same food was served for breakfast; additionally, the portions are too small.
 - o Action Taken: ODO reviewed the dietician certified 35-day cycle menu and found it had an average daily calorie count of 2,900 calories. Chicken was on the menu four times during the 35 day cycle. The menu also reflects that breakfast items are rotated daily.
- *Staff-Detainee Communication:* Two detainees alleged they are not visited by their deportation officer, and their ICE requests are not answered.
 - o Action Taken: ODO reviewed the ICE Request Log, which revealed the aforementioned detainees requests were responded to within the required time. A review of the housing unit logbooks reveal ERO staff signed into the housing unit in accordance with the posted ICE visit schedule.
- *Medical Care:* One detainee alleged he submitted a sick call request regarding a wound on his arm and never received medical care. One detainee alleged medical services stopped giving him medication for hypertension.
 - o Action Taken:

Medical services notified ODO, the detainee who alleged not to have received medical care for a wound to his arm did not have a sick call request submitted for medical care. The detainee was referred to medical for further review. Medical services notified ODO, the detainee who alleged not to have received medication for hypertension was refusing to take his prescribed medication. Prior to the end of the inspection, the detainee resumed taking his medication as prescribed.

- *Telephone Access*: One detainee alleged their calls to the consulate or pro bono services are not answered.
 - o Action Taken: ODO could not verify the detainee's allegations. At the time of the inspection, all telephones were in operating order.
- *Detainee Grievance Procedures*: One detainee alleged he submitted several grievances over the last several weeks and never received a decision/answer to the grievances submitted.
 - o Action Taken: ODO reviewed all recorded grievances submitted dating back to January 2014 and did not observe any grievances submitted by the detainee.

INSPECTION FINDINGS

DETAINEE SERVICES

ACCESS TO LEGAL MATERIALS

ODO observed there were no operational policies and procedures posted in the law library (**Deficiency ALM-1**⁷).

Corrective Action: The facility initiated corrective action during this inspection by posting the policies and procedures in the law library (**C-1**).

DETAINEE GRIEVANCE PROCEDURES (DGP)

An interview with staff and review of policy and procedure revealed, the facility does not have procedures in place to allow detainees who are dissatisfied with the facility's response to grievances a method to communicate directly with ERO (**Deficiency DGP-1**⁸).

ODO reviewed four grievances that involved officer misconduct and, through interviews, determined the facility does not inform ERO of the grievances. In the absence of such notice, ERO could not conduct an investigation of the alleged misconduct (**Deficiency DGP-2**⁹). ERO was notified of this issue and worked with facility staff to initiate corrective action.

Corrective Action: The facility initiated corrective action during this inspection by developing and implementing policy that requires ERO to be notified on all detainee grievances involving allegations of staff misconduct (**C-2**).

The facility handbook does not inform detainees of the procedure for contacting ICE to appeal the decision of the facility Officer-In-Charge (OIC) (**Deficiency DGP-3**¹⁰).

DETAINEE HANDBOOK

During an interview with staff, ODO determined staff members who have contact with detainees are not provided a copy of the facility handbook (**Deficiency DH-1**¹¹).

⁷ "These policies and procedures shall also be posted in the law library along with a list of the law library's holdings." See ICE NDS 2000, Standard, Access to Legal Material, Section (III)(Q).

⁸ "CDFs and IGSA facilities must allow any INS detainee dissatisfied with the facility's response to his/her grievance to communicate directly with INS." See ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(C).

⁹ "Staff must forward all detainee grievances containing allegations of officer misconduct to a supervisor or higher-level official in the chain of command. CDFs and IGSA facilities must forward detainee grievances alleging officer misconduct to INS. INS will investigate every allegation of officer misconduct." See ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(F).

¹⁰ "The facility shall provide each detainee, upon admittance, a copy of the detainee handbook or equivalent. The grievance section of the detainee handbook will provide notice of the following: 4. The procedures for contacting the INS to appeal the decision of the OIC of a CDF or an IGSA facility." See ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(G)(4).

¹¹ "The OIC will provide a copy of the handbook to every staff member who has contact with detainees." See ICE NDS 2000, Standard, Detainee Handbook, Section (III)(G)

FOOD SERVICE

ODO observed food items were placed in compartments of insulated trays which were then stacked and strapped onto unsecured flat carts (**Deficiency FS-1¹²**).

Corrective Action: The facility initiated corrective action during this inspection by ensuring the carts are secured. The change was implemented through a new policy (**C-3**).

STAFF-DETAINEE COMMUNICATION (SDC)

ICE detainee request forms are not placed in the detainee detention file after review (**Deficiency SDC-1¹³**).

Corrective Action: The facility initiated corrective action during this inspection by creating a policy that requires ICE detainee request forms to be placed in the detainee detention file after they are reviewed (**C-4**).

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY

A review of the documented monthly fire drills conducted in the facility revealed detainees were not evacuated from housing units during the drills (**Deficiency EH&S-1¹⁴**).

A review of the documented monthly fire drills conducted in the facility revealed emergency keys were not drawn and tested during the fire drills (**Deficiency EH&S-2¹⁵**).

Best Practice: PCCF has the Aquawing Ozone Laundry System©, which is used in conjunction with a solid detergent dispensing system. Ozone systems potentially provide superior disinfection of clothing and linens and are environmentally friendly, saving hot water, and extending the life of equipment and items laundered. In addition, the system eliminates the need to store bulk quantities of hazardous detergents and bleaching agents required for traditional laundry operations. ODO cites this as a best practice (**BP-1**).

¹² “A member of the food service staff will oversee the loading of satellite-feeding carts. Staff shall inspect and secure all food carts before allowing their removal from the food service area.” See ICE NDS 2000, Standard, Food Service, Section (III)(C)(2)(i).

¹³ “All completed Detainee Request will be filed in the detainee’s detention file and will remain in the detainee’s detention file for at least three years.” See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(B)(2).

¹⁴ “Detainees will be evacuated during fire drills, except in areas where security would be jeopardized or in medical areas where patient health could be jeopardized or, in individual cases when evacuation of patients is logistically not feasible. Staff- simulated drills will take place instead in the areas where detainees are not evacuated.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(b).

¹⁵ Emergency-key drills will be included in each fire drill, and timed. Emergency keys will be drawn and used by the appropriate staff to unlock one set of emergency exit doors not in daily use. NFPA recommends a limit of four and one-half minutes for drawing keys and unlocking emergency doors.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(c).

HEALTH SERVICES

MEDICAL CARE

The facility has a full time on-site dentist, but a review of 20 health appraisals reveal initial dental screenings are performed by the physician or nurse practitioner; with referral to the dentist if issues are identified (**Deficiency MC-1¹⁶**).

¹⁶ “An initial dental screening exam should be performed within 14 days of the detainee’s arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician’s assistant or nurse practitioner.” See ICE NDS 2000, Standard, Medical Care, Section (III)(E).