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Immigration and Customs Enforcement

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

Suffolk County House of Corrections

Boston, Massachusetts

December 12-14, 2017

**COMPLIANCE INSPECTION
for the
SUFFOLK COUNTY HOUSE OF CORRECTIONS
BOSTON, MASSACHUSETTS**

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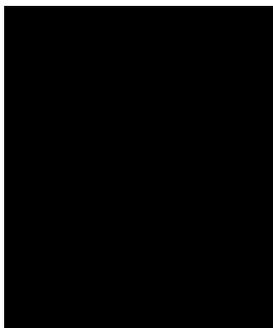
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INSPECTION TEAM MEMBERS



Lead Inspections and Compliance Specialist	ODO
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FACILITY OVERVIEW

The Office of Detention Oversight (ODO), a unit within U.S. Immigration and Customs Enforcement's (ICE) Office of Professional Responsibility (OPR), conducted a compliance inspection of the Suffolk County House of Corrections (SCHOC) in Boston, Massachusetts from December 12-14, 2017.¹ The SCHOC opened in December 1991 and is owned by the State of Massachusetts and operated by the Suffolk County Sheriff's Department. The Office of Enforcement and Removal Operations (ERO) started housing ICE detainees at SCHOC in November 2003, pursuant to a (non-dedicated) Intergovernmental Service Agreement (IGSA), under the oversight of ERO Field Office Director (FOD) Boston. The facility is contractually obligated to operate under the ICE National Detention Standards (NDS) 2000 and is not contractually obligated to comply with the ICE Performance-Based National Detention Standards (PBNDS) 2011 (Revised December 2016) Sexual Abuse and Assault Prevention and Intervention Standard.

The facility is assigned a Detention Services Manager, and one ERO officer is on-site full time. A Superintendent is responsible for oversight of daily operations and is supported by [REDACTED] personnel. NaphCare, Inc. provides detainee medical services and Summit Food Services provides food services. The facility is accredited by the American Correctional Association and the National Commission on Correctional Health Care.

Capacity and Population Statistics	Quantity
Average ICE Detainee Population ²	187
Male Detainee Population (as of 12/12/2017)	171
Female Detainee Population (as of 12/12/2017)	28

In FY 2014, ODO conducted a compliance inspection of SCHOC under NDS 2000. ODO reviewed the facility's compliance with 15 standards and found twenty-seven (27) deficiencies in the following fourteen (14) standards: Access to Legal Material (3 deficiencies), Admission and Release (3), Detainee Grievance Procedures (3), Detainee Handbook (1), Environmental Health and Safety (1), Food Service (2), Funds and Personal Property (4), Medical Care (2), Special Management Unit (Administrative Segregation) (1), Special Management Unit (Disciplinary Segregation) (1), Staff-Detainee Communication (2), Suicide Prevention and Intervention (1), Telephone Access (2), and Use of Force (1).

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

² *Ibid.*

FY 2018 FINDINGS BY NDS 2000 MAJOR CATEGORIES

NDS 2000 STANDARDS INSPECTED ³	DEFICIENCIES
Part 1 – Detainee Services	
Access to Legal Material	0
Admission and Release	3
Detainee Classification System	0
Detainee Grievance Procedures	2
Detainee Handbook	0
Food Service	1
Funds and Personal Property	2
Staff-Detainee Communication	0
Telephone Access	0
Sub-Total	8
Part 2 – Security and Control	
Environmental Health and Safety	0
Special Management Unit (Administrative Segregation)	1
Special Management Unit (Disciplinary Segregation)	2
Use of Force	0
Sub-Total	3
Part 3 – Health Services	
Medical Care	1
Suicide Prevention and Intervention	0
Sub-Total	1
PBND 2011 Standard Inspected	
Sexual Abuse and Assault Prevention and Intervention	N/A
Sub-Total	0
Total Deficiencies	12

³ For greater detail on ODO's findings, see the *Inspection Findings* section of this report.

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 over 72 hours to assess compliance with ICE National Detention Standards (NDS) 2000 or the Performance-Based National Detention Standards (PBNDS) 2008 or 2011 (Revised December 2016), as applicable. 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 linked to ICE detention standards, ICE policies, or operational procedures as *deficiencies*. ODO also highlights instances when the facility resolves deficiencies prior to completion of the ODO inspection -- these corrective actions are annotated with “C” under the Inspection Findings section of this report.

At the conclusion of each inspection, ODO hosts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is also shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to: (i) assist ERO develop and initiate corrective action plans; and (ii) provide senior executives with an independent assessment of facility operations. Additionally, ODO findings inform ICE executive management decision making in better allocating resources across the agency’s entire detention inventory.

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

DETAINEE RELATIONS

ODO interviewed nineteen (19) detainees to assess the conditions of confinement at SCHOC. All of the individuals interviewed volunteered to participate, and none made allegations of abuse, discrimination, or mistreatment. The detainees reported being satisfied with facility services, with the exception of the complaints below:

Medical Care: One detainee claimed he submitted a request for mental health services three months ago and has not been seen.

- Action Taken: ODO reviewed the detainee's detention and medical records and interviewed medical staff. The detainee arrived at the facility on June 8, 2017 and was referred for a mental health assessment based on answers he provided on the intake screening questionnaire. Mental health staff evaluated the detainee for depression the following day and did not prescribe any medication. Staff advised the detainee to report back to mental health should his depression not improve. During the records review, ODO found two sick call requests from the detainee for dental care but nothing for mental health services. ODO asked facility medical staff to follow up with the detainee.

Medical Care: One detainee claimed he submitted a request to see an eye doctor two-and-a-half month ago and still has not been evaluated.

- Action Taken: ODO reviewed the detainee's detention and medical records and found two sick call requests for dental care but no request for glasses or to see an eye doctor. The facility optometrist recently retired, and a replacement will not be onboard until January 2018. At the time of inspection, there were 27 detainees on an optometry waiting list. As ODO found no record of an eye related medical request, staff informed the detainee he would need to submit a sick call request to be added to the waitlist.

Medical Care: One detainee claimed he submitted four medical requests due to difficulty breathing caused by a broken nose he received prior to entering the facility and has not been seen.

- Action Taken: ODO reviewed the detainee's detention and medical records and confirmed he had a history of nasal fracture prior to arrival at SCHOC. The detainee re-injured his nose during a basketball game in the recreation yard on October 2, 2017 and was evaluated by a Physician Assistant (PA) the same day. The detainee was then seen by the SCHOC Medical Director on October 10, 2017 and later by an Ear, Nose, and Throat Specialist (ENT) on October 16, 2017. The detainee was scheduled for surgery (rhinoplasty) in October; however, that appointment was cancelled by the community hospital and re-scheduled for December 28, 2017 at the Boston Medical Center. At ODO's request, ERO informed the detainee of his upcoming appointment but did not provide the exact date due to security concerns.

Medical Care: One detainee claimed she was prescribed medication by medical staff the week prior to the inspection for pain in both of her ankles and shins but is still experiencing pain.

- Action Taken: ODO reviewed the detainee's detention and medical records and found she was evaluated by medical staff on December 5, 2017 for a coagulation disorder and

was prescribed blood thinning medication. The detainee was also offered compression stockings which she declined. ODO confirmed the detainee is enrolled in the chronic care clinic which includes regular monitoring of her blood levels as well as daily visits from a nurse for medication dispensing. ODO brought the detainee's complaint to the attention of medical staff for appropriate follow-up.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ADMISSION AND RELEASE (AR)

SCHOC's formal orientation is done in groups by a case worker and other staff offering the detainees a question and answer period; however, the facility maintains no orientation video to inform new arrivals about facility operations, programs, or services (**Deficiency AR-1**⁵).

ODO reviewed 25 randomly selected detainee files and found each contained a completed Order to Detain or Release form (Form I-203/203a); however, one I-203 Form was not signed by an ERO official (**Deficiency AR-2**⁶).

Detainees generally arrive at SCHOC with only the clothes they are wearing; all other property and valuables are stored with ERO. Personal clothing is inventoried and recorded on an inventory form. Both the detainee and staff sign the form and a copy is given to the detainee. SCHOC does not have a policy or procedure for detainees to report missing property upon arrival (**Deficiency AR-3**⁷).

DETAINEE GRIEVANCE PROCEDURES (DGP)

SCHOC has an informal and formal grievance system in place allowing detainees to have grievances addressed at the lowest level possible and in the most efficient and timely manner; however, detainees are not able to bypass or terminate the informal grievance system and proceed directly to the formal grievance process at any time (**Deficiency DGP-1**⁸).

The SCHOC handbook explains the procedure for filing informal and formal grievances, the role of the Inmate Grievance Coordinator (IGC), and that decisions of the IGC may be appealed to the Superintendent. However, the handbook does not discuss the process for contacting ERO to appeal the decision of the Superintendent (**Deficiency DGP-2**⁹).

FOOD SERVICE (FS)

ODO conducted a sanitation inspection and found build-up of food particles on the undersides of several stainless steel food preparation tables, the serving line, pot and pans, and sink.

⁵ "The orientation process, supported by a video (INS) and handbook, shall inform new arrivals about facility operations, programs, and services. Subjects covered will include prohibited activities and unacceptable and the associated sanctions (see the "Disciplinary Policy" Standard)." See ICE NDS 2000, Standard, Admission and Release, Section (III)(A)(1).

⁶ "An order to detain or release (Form I-203 Or I-203a) bearing the appropriate official signature shall accompany the newly arriving detainees." See ICE NDS 2000, Standard, Admission and Release, Section (III)(H).

⁷ "The officer shall complete a Form I-387 "Report of Detainee's Missing Property" when any newly arrived detainee claims his/her property has been lost or left behind. IGSA facilities shall forward the completed I-387s to INS." See ICE NDS 2000, Standard, Admission and Release, Section (III)(I).

⁸ "The detainee is free to bypass or terminate the informal grievance process, and proceed directly to the formal grievance stage." See ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(A)(1). **This is a repeat deficiency.**

⁹ "The grievance section of the detainee handbook will provide notice of the following: ..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).

Additionally ODO observed heavy carbon and food build-up in the convection ovens and on the racks in the ovens (**Deficiency FS-1¹⁰**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the facility's written policies and procedures on detainee property and funds and found SCHOC has no procedures in place for reporting missing or damaged detainee property (**Deficiency F&PP-1¹¹**).

SCHOC does not have procedures for the loss or damage of detainee property that is properly receipted, including investigation, review of the claim, reimbursement of the claim, and notification of ERO (**Deficiency F&PP-2¹²**).

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

SCHOC maintains an electronic system that monitors the presence, pressure, and blockages of all fire extinguishers. ODO observed the system, which sends an email to the safety manager within minutes when a fire extinguisher is removed from its base to alert him to check the presence of the fire extinguisher and operability. This system ensures the safety manager can quickly replace any fire extinguisher that has been tampered with. ODO recognizes this as a **Best Practice**.

SPECIAL MANAGEMENT UNIT (ADMINISTRATIVE SEGREGATION) (SMU AS)

ODO reviewed 25 files and confirmed segregation orders were issued and SMU Housing Records were completed as required by the standard. ODO confirmed seven-day reviews were conducted in accordance with the standard; however, reviews 72-hour reviews were not conducted and none of the reviews included an interview with the detainee (**Deficiency SMU AS-1¹³**).

¹⁰ "All food service employees are responsible for maintaining a high level of sanitation in the food service department. Food service staff shall teach detainee workers personal cleanliness and hygiene; sanitary methods of preparing, storing, and serving food; and the sanitary operation, care and maintenance of equipment, including automatic dishwashers and pot-and-pan washers." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(1).

¹¹ "Each facility shall have a written policy and procedures for detainee property reported missing or damaged." See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(H). **This is a repeat deficiency.**

¹² "All CDFs and IGSA facilities will have and follow a policy for loss of or damage to properly receipted detainee property, as follows: 1. All procedures for investigating and reporting property loss or damage will be implemented as specified in this standard; 2. Supervisory staff will conduct the investigation; 3. The senior facility contract officer will process all detainee claims for lost or damaged property promptly; 4. The official deciding the claim will be at least one level higher in the chain of command than the official investigating the claim; 5. The will promptly reimburse detainees for all validated property losses caused by facility negligence; 6. The will not arbitrarily impose a ceiling on the amount to be reimbursed for a validated claim; and 7. The senior contract officer will immediately notify the designated INS officer of all claims and outcomes." See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(H)(Lost/Damaged Property in CDFs and IGSA)(1-7). **This is a repeat deficiency.**

¹³ "All facilities shall implement written procedures for the regular review of all administrative-detention cases, consistent with the procedures specified below. In SPCs/CDFs, a supervisory officer shall conduct a review within 72 hours of the detainee's placement in administrative segregation to determine whether segregation is still warranted. The review shall include an interview with the detainee. A written record shall be made of the decision

SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION) (SMU DS)

ODO reviewed 25 files and confirmed disciplinary segregation orders were issued. Required reviews were completed within the timelines outlined in the standard; however, the reviews did not include an interview with the detainee (**Deficiency SMU DS-1**¹⁴).

ODO confirmed detainees in Disciplinary Segregation (DS) are afforded the same general privileges as general population detainees; however, they are not permitted to have social visits (**Deficiency SMU DS-2**¹⁵). SCHOC's Special Management Housing Policy #S422 dated August 2017 directs that detainees on DS are only permitted to receive visits from their attorney of record. ODO interviewed the Compliance Manager and confirmed social visitation is not afforded to detainees in DS in accordance with the standard.

HEALTH SERVICES

MEDICAL CARE (MC)

Tuberculosis (TB) screening for detainees who arrive without a documented previous TB test is conducted via the Purified Protein Derivative (PPD) method. ODO's review of 25 medical records found one detainee was tested for TB upon arrival; however, staff failed to read and record the test result (**Deficiency MC-1**¹⁶).

Corrective Action: The facility initiated corrective action prior to the end of the inspection by providing the detainee with a second PPD (**C-1**).

and the justification. The Administrative Segregation Review Form (I-885) will be used for the review." See ICE NDS 2000, Standard, Special Management Unit (Administrative Segregation), Section (III)(C).

¹⁴ "All facilities shall implement written procedures for the regular review of all disciplinary segregation cases, consistent with the procedures specified below. The weekly review(s) will include an interview with the detainee. The SDEO shall document his/her findings after every review, by completing a Disciplinary Segregation Review Form (I-887)." See ICE NDS 2000, Standard, Special Management Unit (Disciplinary Segregation), Section (III)(C)(1).

¹⁵ "The facility shall follow the 'Visitation' standard in setting rules for detainees in disciplinary segregation. As a rule, a detainee retains visiting privileges while in disciplinary segregation." See ICE NDS 2000, Standard, Special Management Unit (Disciplinary Segregation), Section (III)(D)(17). **This is a repeat deficiency.**

¹⁶ "All new arrivals shall receive TB screening by PPD (mantoux method) or chest x-ray. The PPD shall be the primary screening method unless this diagnostic test is contraindicated; then a chest x-ray is obtained." See ICE NDS 2000, Standard, Medical Care, Section (III)(D).

CONCLUSION

ODO reviewed the facility's compliance with fifteen (15) standards and found the facility compliant with eight (8) standards. ODO found twelve (12) deficiencies in the remaining seven (7) standards, which is a significant reduction in deficiencies since the last inspection. ODO recommends ERO work with the facility to remedy these kinds of omissions, as well as any other deficiencies that remain outstanding, as applicable and in accordance with contractual obligations.

Inspection Results Compared	FY 2014 (NDS 2000)	FY 2018 (NDS 2000)
Standards Reviewed ¹⁷	15	15
Deficient Standards	14	7
Overall Number of Deficiencies	27	12
Corrective Actions	0	1
Repeat Deficiencies	0	4

¹⁷ ODO reviewed the same standards in FY14 and FY17.