



**Homeland
Security**

September 29, 2022

MEMORANDUM FOR: Corey A. Price
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Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement

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SUBJECT: Plymouth Country Correctional Facility
Expert Recommendations
Complaint Nos. 001282-21-ICE, 002150-21-ICE, 001745-22-ICE,
001720-21-ICE, 001726-22-ICE, 001777-21-ICE, 001757-22-ICE,
001963-21-ICE, 002013-22-ICE, 002121-21-ICE, 002463-22-ICE,
002348-22-ICE, and 002756-22-ICE

The U.S. Department of Homeland Security (DHS), Office for Civil Rights and Civil Liberties (CRCL) conducted an investigation into conditions of detention for U.S. Immigration and Customs Enforcement (ICE) detainees at the Plymouth Country Correctional Facility (PCCF) in Plymouth, Massachusetts. CRCL's virtual onsite investigation occurred February 9–11, 2022 and was in response to complaints alleging civil rights and civil liberties violations at PCCF related to legal access, religious accommodations, inadequate food and/or nutrition, inadequate medical care, lack of COVID-19 policies and procedures, and claims of retaliation.

Prior to the virtual onsite investigation, CRCL conducted an in-person spot-check at PCCF on November 16, 2021. This spot check was based upon a quick succession of serious allegations received by CRCL related to discrimination, excessive use of force, language access, and the provision of medical and mental health care.¹ During that review, CRCL was accompanied by a conditions of detention subject matter expert (SME). CRCL found concerns at Plymouth in the areas

¹ A "spot-check" refers to a site visit precipitated by related allegations that due to their seriousness or unique nature require a prompt onsite to assess and identify high level health and safety concerns.

of the detainee handbook, legal access, staff-detainee communication, and recreation. Following the spot check, CRCL decided a full investigation was warranted.

We greatly appreciate the cooperation and assistance provided by ICE and PCCF personnel before and during the investigations. As part of the February 9-11, 2022, virtual onsite investigation, CRCL engaged the assistance of four subject-matter experts: a medical expert, a mental health expert, an environmental health and safety expert, and a conditions of detention expert. As a result of detainee and staff interviews, document and record reviews, and direct observation, the subject-matter experts identified concerns in each of their areas.

On February 11, 2022, as part of the PCCF onsite exit briefing, CRCL and the subject-matter experts discussed overarching concerns with ICE Enforcement and Removal Operations (ERO) field office management, personnel from ICE ERO headquarters, and PCCF management. During the discussion, the subject-matter experts provided initial recommendations to address the concerns identified.

Shortly following the virtual onsite, on February 25, 2022, CRCL sent an email to ICE summarizing our initial recommendations identified during the exit briefing to ensure ICE had enough information to initiate corrective action. On March 8, 2022, and March 31, 2022, CRCL also transmitted emails to ICE flag serious allegations of retaliation that CRCL received from a combined 39 ICE detainees at PCCF. The allegations included verbal mistreatment by officers and medical staff, housing unit searches during which officers threw detainees' belongings on the ground and/or threw belongings away, the facility serving uncooked food, and officers urinating in the closet where the detainees' cleaning supplies are kept, and in the showers used by the detainees. CRCL conducted a follow-up spot-check visit on May 5-6, 2022, to investigate the allegations of retaliation raised by PCCF detainees. On May 6, 2022, CRCL and the conditions of detention SME discussed the findings with ICE ERO field office management, ICE ERO headquarters, and PCCF management. The recommendations below reflect the entire scope of CRCL's investigation.

Enclosed with this memorandum are the reports provided by our subject-matter experts.² They have been divided into priority and non-priority recommendations. Priority recommendations are listed in the body of this memorandum, and CRCL requests that ICE formally concur or non-concur with these recommendations and provide an implementation plan for all accepted recommendations within 120 days of issuance. Non-priority recommendations are contained in a separate attachment to this memorandum. Although CRCL is not requesting formal responses to these, we encourage ICE to consider and implement these recommendations to the fullest extent possible.

Conditions of Detention

CRCL's conditions of detention expert evaluated the facility in relation to the NDS 2019 and several other ICE and DHS directives and plans, the Rehabilitation Act of 1973, and the COVID-19 Pandemic Response Requirements. This investigation considered a spot-check investigation on

² In general, CRCL's experts relied on the applicable Performance Based National Detention Standards (NDS 2019) and related professional standards in conducting their work and preparing their reports and recommendations. Some of their analyses or recommendations, however, may be based on constitutional or statutory requirements that exceed the detention or professional standards.

November 16, 2021, as well as the virtual on-site on February 9–11, 2022, and additional in-person and virtual interviews on May 5–6, 2022. CRCL’s conditions of detention expert made the following recommendations at PCCF:

Use of Force, Grievance System, Staff Misconduct, and Retaliation

1. (b) (5) the ICE Assistant Field Office Director (FOD) or designee should participate in the after-action review of every use of force (UOF) incident including reviewing medical and staff reports and videos to provide increased oversight. Joint facility and ICE after-action reviews of UOF incidents are successfully completed in many of ICE’s AORs. *(NDS 2019 Use of Force and Restraints 2.9, facility requirement to conduct an after-action review)*
2. PCCF’s grievance log includes all grievances filed by any detainee and inmate, is handwritten, and some entries are not legible. PCCF should establish an electronic grievance log that contains only detainee grievances and the numbers for detainee only grievances would then be sequential. This would enable the Grievance Officer and facility leadership to access a legible log, analyze grievances for patterns and improve oversight ability. *(NDS 2019 Grievance System 6.2.II.D and E.)*
3. CRCL identified grievances where the detainee’s complaint was only partially addressed. This is especially concerning when the issue that was not addressed in the complaint involved staff misconduct. PCCF and ICE must ensure that detainee allegations of staff abuse, misconduct, and retaliation for speaking out against unacceptable facility conditions and associated retaliation are formally and effectively investigated. PCCF should improve investigation of detainee allegations of staff verbal abuse and derogatory, discriminatory comments and ensure progressive discipline and corrective training is provided to instances of staff mistreatment of detainees. *(NDS 2019 Grievances 6.2.II.D, SAAPI 2.11.)*

4. (b) (5)

5.

6. (b) (5)

Staff-Detainee Communication

7. The workload for the cases at PCCF is too great and the cases are too complex for one Deportation Officer (DO) to accomplish. An additional DO should be assigned to PCCF with sufficient time to be able to perform assigned functions. *(NDS 2019 Staff-Detainee Communication, 2.1 Section I.)*
8. PCCF's detainees experience difficulty contacting their assigned ICE DO case worker related to case matters. (b) (5)
- (b) (5)
- (b) (5)
- (b) (5) This practice has been observed at other ICE facilities and it effectively facilitates access and communication with the detainee's assigned DO caseworker in each housing unit as mandated. *(NDS 2019, Staff Detainee Communication.)*
9. ICE Supervisors should ensure DOs are timely responding to detainee's requests for assistance on concerns and case matters. *(NDS 2019, Staff Detainee Communication.)*

Legal Access and Law Library

10. According to PCCF's Detainee Handbook, in the Mail/Correspondence section, item number 14, detainees are only allowed to retain up to 5" of legal documents. Detainees are required to "remove more than 5" legal materials from the institution." Detainees must be allowed to retain all legal material. PCCF may set a limit allowable in the cell, but excess legal materials shall be allowed to remain in detainee's stored property. Detainees shall also be provided access within 24 hours of receipt of the detainee's request. *(NDS 2019 Detainee Handbook 6.1; Law Library and Legal Materials 6.3, Section II.K.)*

11. (b) (5)

12. (b) (5)

(b) (5) According to PCCF, the local ICE Field Office advised PCCF that detainees are not allowed to make free legal calls to attorneys located in another country; however, NDS 2019 does not restrict free direct calls to attorneys located

internationally. ICE ERO should provide policy direction to the field consistent with NDS 2019 Section 5.4.II.E Direct/Free phone calls that requires ICE and PCCF to allow detainees to make free international direct calls to legal service providers who are located in other countries. (*NDS 2019, 5.4 Telephone Access.*)

13.

(b) (5)



Limited English Proficiency-Language Access

14. ICE does not consistently respond to LEP detainee requests in a language understood by the detainee. ICE responses to written requests from non-English speaking PCCF detainees should either be translated into the language the detainee can read, or the response should be verbally translated to the detainee via the language line to ensure understanding and effective communication. There should be a notation on any document that translation was provided for the LEP detainee. (*NDS 2019, Admission and Release 2.1. II.A.1, DHS, and ICE Language Access Plans.*)
15. PCCF requires LEP detainees to sign some critical facility and medical forms without any notation that translation or interpretation services have been provided. There is evidence that PCCF uses language line for interpretation for some of the forms, but not all. The forms should be translated into a language LEP detainees understand, or the language line should be used in all cases to ensure understanding and effective communication of any document the LEP detainee is required to sign. There should be a notation on any document that translation was provided for the LEP detainee. (*NDS 2019, Admission and Release 2.1. II.A.1, DHS, and ICE Language Access Plans.*)

16.


(b) (5)



17.

Religious Access

18. (b) (5)



19. (b) (5) PCCF must complete the necessary technical requirements (cabling and monitor procurement) to begin providing religious services in a video format or develop an alternative method to immediately resume holding religious services for detainees and post the religious service schedule in housing units as mandated by NDS 2019. (*NDS 2019 Religious Practices 5.3 Section II. A. and E.*)

20. Although PCCF was able to provide CRCL with a copy of a religious schedule, it is not posted in the detainee housing units. PCCF should post a Religious Service Program Schedule in each housing unit to ensure detainees are aware of the Religious Services available at the facility and to comply with NDS 2019. (*NDS 1019, Religious Practices*)

Telephone Access

21. Multiple detainees reported that they were blocked from calling telephone numbers on their authorized call lists. PCCF should work with the telephone provider to determine if there is a pay telephone system issue that is resulting in the blocking of telephone numbers that are on the detainee's authorized call list. (*NDS 2019, Telephone Access.*)

22. (b) (5) working. ICE should verify that all the free call numbers posted in the ICE housing units are working properly. (*NDS 2019, Telephone Access.*)

Recreation

23. In PCCF's orientation and quarantine units, detainees are confined in their cells for 22 hours per day. Because of PCCF's COVID-19 separation plan, only two hours of out of cell time is provided on a two-hour rolling basis for the quarantine and orientation units by groupings of detainees with US Marshall inmates, County sentenced and pre-trial inmates. This practice results in detainees' out of cell time occurring at any two-hour period within 24 hours which results in some recreation periods occurring between 10pm and 8am. Detainees reported that they cannot contact their lawyers or families during these time periods. PCCF should revise the recreation and dayroom scheduled hours to provide detainees in quarantine and orientation units recreation and dayroom access during a time that does not allow use of telephones to

communicate with families and attorneys. (*NDS 2019 Recreation 5.2 II. A. 1; and Telephone Access 5.4 II. A.*)

24 (b) (5)

25. PCCF's current recreation schedule does not comport with the actual recreation hours available to detainees. PCCF's current Recreation Policy 472 and the posted schedule should be updated to include the actual number dayroom hours that detainees are offered. (*NDS 2019, Recreation, PCCF Recreation Policy 472.*)
26. PCCF does not provide consistent access to board games and other sedentary activities for detainees use in the dayrooms. Detainees reported having to use soap and paper to carve chess pieces and make a chessboard to have a recreational activity in the dayroom. CRCL observed this in one of the housing units. Lack of dayroom activities causes detainee idleness which can cause conflicts and detainee incidents. PCCF should comply with their recreation policy and NDS 2019 and provide board game and other sedentary activities for detainees in housing units to decrease inmate idleness and reduce detainee conflicts. (*NDS 2019 Recreation 5.2, Section II.C.4.*)

Detainee Handbook

27. The Admission Section B. of PCCF's Detainee Handbook does not state that authorized personal property will include additional disability related aides as approved by PCCF. Compliance with NDS 2019 requires that facilities must provide disability related aides. The Admission Section of the Detainee Handbook should be revised on page two to add an item which allows disability related aides as approved by PCCF. (*NDS 2019 Detainee Handbook 6.1; Disability Identification, Assessment and Accommodation 4.7.*)
28. The Personal Hygiene Section D. of PCCF's Detainee Handbook does not include approved provision of COVID-19 face masks. Section D. listing of authorized hygiene items on page three should be updated to include approved COVID-19 face masks. (*NDS 2019 Detainee Handbook 6.1; Pandemic Response Plan (PRR.)*)
29. PCCF's Detainee Handbook does not contain any direction to detainees regarding COVID-19 rules, policy, or safety precautions and should be updated to provide COVID-19 related direction and information to detainees or alternatively, an insert for the handbook should be created that

can be modified whenever the PRR is updated. (*NDS 2019 Detainee Handbook 6.1; PRR, Version 8.0, note the PRR was updated on June 13, 2022. STATUS: PENDING DETAINEE HANDBOOK UPDATE/CORRECTION BY PCCF AS OF APRIL 2022.*)

30. PCCF's Detainee Handbook Dress Code Section, D.4 states, "Hats or head coverings shall not be authorized for the general population which conflicts with Religious Services Section 5.E., page 20, which allows for approved religious headgear to be worn. The Detainee Handbook Dress Code Section D.4. should be revised to allow for religious headgear to be worn to eliminate the conflict in the Religious Services section of the handbook. (*NDS 2019 Detainee Handbook 6.1.D.4; Religious Practices 5.3. STATUS: PENDING DETAINEE HANDBOOK UPDATE/CORRECTION BY PCCF AS OF APRIL 2022.*)

Security and Control

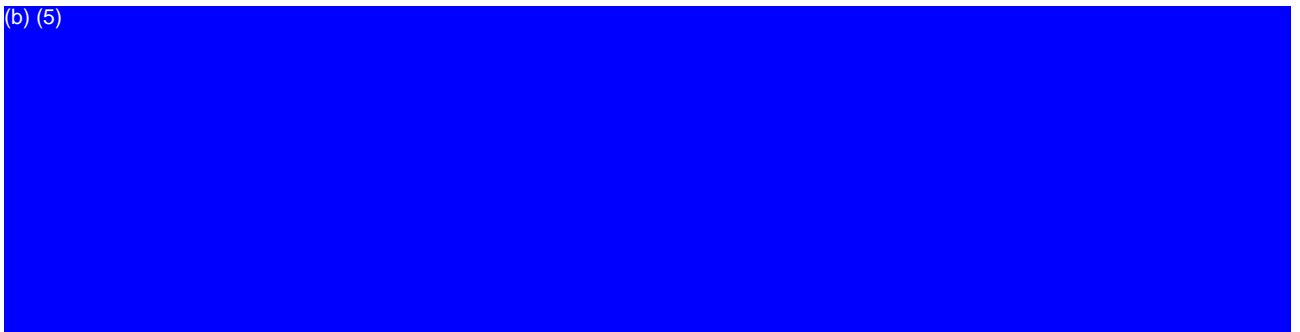
31. PCCF search logs do not currently comply with NDS cell search requirements as they are missing critical information. Any cell searched should be documented on a search log that contains the date, time, individual name conducting the search, cell number and any item removed during the search to comply with NDS 2019 search standards. Cell search logs should be maintained to document any contraband removed from a detainee's cell. (*NDS 2019 Facility Security and Control, II. B. 1.*)

Personal Hygiene

32. Detainees reported during interviews that they were not able to access nail clippers in their housing units to clip their fingernails and toenails which was causing health issues with their feet such as ingrown toenails, nail fungus, etc. PCCF requires detainees to request a medical appointment to have their fingernails and toenails clipped by a visiting podiatrist which can take 30 to 90 days. Requiring a medical visit for routine use of nail clippers uses valuable time for a non-medical need, and delays appointments for detainees with a legitimate medical need for an appointment. PCCF should establish a check-out or other system that allows detainees reasonable access to nail clippers and provide Barbicide or a comparable disinfectant to clean the nail clippers between uses. (*NDS 2019 Medical Care 4.3; Personal Hygiene 4.4. UPDATE: During the May 5-6, 2022 spot check PCCF was planning on implementing a new nail clipper policy that would allow detainees to utilize nail clippers in the housing unit on a check out basis.*)

Volunteer Work Program

33. (b) (5)



Pandemic Response Plan (PRR)

34. CRCL observed both staff and detainees throughout the facility not wearing masks or wearing them improperly. ICE and PCCF should continuously remind staff and detainees in multiple languages through training, town halls, visual media (posters, television, etc.) of the importance of wearing masks to prevent the spread of COVID-19. (*CDC Guidelines and DHS ERO PRR.*)
35. CRCL observed both staff and detainees throughout the facility not wearing masks or wearing them improperly. CRCL was informed that corrective measures are not taken to ensure that staff and detainees wear their masks and wear them properly. ICE and PCCF Supervisors during their regular rounds should be vigilant about taking corrective measure to address any staff or detainee observed that is not wearing their face mask consistent with manufacturer specifications, CDC guidelines, and DHS ERO PRR. (*CDC Guidelines and DHS ERO PRR Version 8.0, revised June 13, 2022 to 9.0.*)

Medical Care

CRCL's medical and mental health experts evaluated the general operation of the facility in relation to the National Detention Standards (NDS 2019), which requires detainee access to appropriate and necessary medical, dental, and mental health care, including emergency services. The medical expert made the following recommendations regarding medical care at PCCF:

36. Detainees are not sent to specialty care providers as ordered by the PCCF provider. CRCL discovered that these referrals were for significant medical conditions such as head trauma, nasal fracture, referrals to a neurologist, hand surgeon, orthopedic surgeon, ophthalmologist, and ear nose and throat (ENT) doctor. In one case, a detainee was not seen by an ophthalmologist despite a PCCF provider requesting an urgent referral; an urgent ENT referral for a detainee's nasal fracture had not yet been completed; a detainee with prior head trauma was not seen by a neurologist as ordered by the provider, and an orthopedic referral for a fractured hardware in a detainee's ankle had not been completed. In one particularly alarming case, CRCL identified a four-day delay in the time between the provider requested an urgent cardiologist referral and when the provider discovered that the detainee was still awaiting the appointment. Two days later, the detainee had a medical emergency and was sent to the hospital where he was diagnosed with a life-threatening medical condition and underwent emergency surgery. PCCF detainees should be sent to the specialists as ordered by the provider. PCCF providers should be notified if there is a delay in getting an appointment so that the provider can escalate, if needed. The provider should continue to provide care while the detainee is waiting for an appointment. (*NDS 2019 Standard, 4.3 Medical Care, II. A.*)
37. CRCL found that PCCF providers' orders were not consistently carried out by medical staff. In one case, the provider's orders for a detainee's weight checks were not completed as there were no weight checks documented in the chart. The provider's orders should be carried out by the medical staff at the date and time it was mentioned in the order. (*NDS 2019 Standard, 4.3 Medical Care, II. A.*)

38. Providers do not consistently document medical assessments and plan of care in the medical notes. PCCF providers should perform a comprehensive assessment based on detainees' complaints and medical history and document their assessments and plan of care. *NDS 2019 Standard (4.3 Medical Care, II. E.)*
39. A review of medical records indicated that detainees are not consistently referred to the provider based on medical urgency. In one case, a detainee was seen by a nurse after sustaining a fall and was placed on the provider list (non-urgent); however, he was not seen by the provider. Detainees referred to the provider should be evaluated timely by the provider based on the medical urgency. *(NDS 2019, 4.3 Medical Care, II. A.)*
40. Detainees reported to CRCL during interviews that they often miss the morning medication pass because they are usually still sleeping at that time. A review of their medical records confirmed that they did not receive their medications in the morning. PCCF detainees should be provided their medications per the prescription ordered by the provider. If there are several detainees not showing up for the morning medication pass consistently, PCCF facility leadership should study the reasons and modify their med pass timing and process accordingly. Further, nurses document that the detainees are refusing their medications in these instances and the refusals do not have the detainees' signatures. Refusal forms should be signed by the detainees and the medical staff. PCCF medical staff should also educate detainees regarding the risk of refusal and document it in the medical record. *(NDS 2019, 4.3 Medical Care, II. L. and O.)*
41. CRCL's review of medical records indicated that detainees in quarantine or who are positive for COVID-19 are not monitored for symptoms and do not have vital signs checked. The facility is not consistently following their COVID-19 procedures. PCCF should monitor COVID-19 positive detainees and those in quarantine for symptoms and should check vital signs checked to identify early signs of deterioration. *(NDS 2019, 4.3 Medical Care, II. D-2.)*
42. CRCL identified a case in which a nurse did not perform an assessment on a detainee who complained of chest pain, and instead placed a referral to the medical provider (non-urgent). PCCF medical staff should perform an immediate assessment on detainees with chest pain. The detainee should be referred to the provider immediately for evaluation. If a provider is not available, the detainee should be sent to the hospital. *(NDS 2019, 4.3 Medical Care, II. K.)*
43. PCCF does not provide a reliable sick call process. In addition to placing the sick call request in the sick call box, detainees are expected to meet with the nurse in the morning to "activate" the sick call request. If the detainee does not wake up in time and skips this step, the detainee will not be seen by the medical staff. All healthcare related sick calls including medical, dental, mental health are subject to this practice. The practice creates a risk to the detainee of not getting appropriate and timely care. All PCCF sick call requests should be triaged by a nurse and addressed in a timely manner based on the level of urgency and per their sick call procedure. *(NDS 2019, 4.3 Medical Care, II. I.)*
44. Based on medical records reviewed by CRCL, detainees are sometimes referred to a specialist without a nurse performing a medical assessment. PCCF nurses should perform detailed assessments and document in the medical record. PCCF detainees should be referred to the

provider immediately based on the urgency of the medical conditions. If a provider is not available, the detainees should be sent to the hospital. *(NDS 2019, 4.3 Medical Care, II. K)*

45. Documentation indicates that detainees are not consistently seen by PCCF medical staff after returning from the hospital. In one case, a detainee had been sent to the hospital for eye-related issues on two occasions, but there is no documentation in the medical record to show that he was seen by the medical staff upon return from either hospital visit. PCCF detainees returning from the hospital should be seen by the medical staff to review their follow-up plans and the nurses should contact the facility provider to provide notification of any treatment recommendations from the hospital physician. *(NDS 2019, 4.3 Medical Care, II. D.)*
46. PCCF medical providers do not consistently perform assessments that address detainees' complaints. In one case, an x-ray on a detainee's ankle had revealed fractured hardware screws and associated soft tissue swelling. However, when the detainee subsequently reported ankle pain, an assessment of the ankle was not documented in any of the provider notes. PCCF providers should perform a comprehensive assessment based on the detainee's complaint and include a detailed history, physician exam and a plan of care for each of the medical conditions. The medical staff should document all medical encounters in the medical record. *(4.3 Medical Care, II. E) (NDS 2019, 4.3 Medical Care, II.A. and E.)*
47. (b) (5) _____ PCCF facility leadership should ensure that staff are using interpretation services during all medical encounters for detainees with limited English proficiency. *(NDS 2019 Standard, 4.3 Medical Care, II. G.)*
48. Post use of force assessments were not always contained in detainee medical records. PCCF medical staff should perform detailed post use of force medical assessments to identify any medical issues and provide appropriate treatment. The assessment and plan of care should be documented in the medical record. *NDS 2019 Standard (4.3 Medical Care, II. K)*
49. PCCF sick call nurses perform sick call assessments in the housing unit without any privacy. The nurses do not have access to the medical records during this assessment, do not always check vital signs as part of their assessments, and, as a result, they are initiating mediations for detainees with limited assessments and without reviewing the detainee's medical records. These assessments are also not consistently documented in the medical records. This is an unsafe practice that places detainees at risk. All medical assessments should be done in a private setting. The medical staff should do a detailed history, exam, and assessment and provide appropriate medical care. The detainee should be referred to the provider if they need a higher level of evaluation. *(NDS 2019, 4.3 Medical Care, II. B.)*
50. Detainees are not always being provided with care recommended by providers. In one instance, PCCF's dentist recommended a root canal for a detainee whose fillings fell out; however, the facility does not provide root canal procedures, nor do they send detainees to an off-side specialist for procedures. Detainees should be provided with adequate care as recommended by the provider. If a service is not provided at the facility, the detainee should be referred to an

outside provider for the procedure. If there is a waiting period for the procedure, that should be explained to the detainee. (*NDS 2019, 4.3 Medical Care, II. A.*)

Mental Health Care

CRCL's mental health expert made the following priority recommendations (relevant PBNDS and NCCHC standards are cited within each recommendation):

51. At the time of the onsite investigation, mental health services were occurring in a no-contact room (NCR) which required the use of a recorded phone line to communicate. It was reported there was a misunderstanding and that the use of his NCR was for COVID positive detainees; all other detainees could be seen in the clinic area. PCCF's Assistant Superintendent agreed to distribute a memo that clarified the location of mental health contacts and the process to turn off the recording feature when use of the NCR was necessary. The facility should ensure that mental health services occur in a confidential setting with an assigned clinician in a timely manner. (*NDS 2019, 4.3 Medical Care, S. Mental Health Program, 2. Referrals and Treatment; 2015 NCCHC Standards for Mental Health Services in Correctional Settings, MH-G-03, an essential standard; and 2018 NCCHC Standards for Health Services in Jails, J-F-03 Mental Health Services, an essential standard.*)
52. Review of the provided suicide prevention training did not clearly indicate review of liability issues and need for multi-disciplinary communication, standard first aid training, CPR training, and training in the use of emergency equipment. Relatedly, drills for response to a suicide attempt, which facilitates skill application, had not occurred in the past year. The facility should update suicide prevention training to ensure alignment with NDS required content and skill application via regular drills. (*NDS 2019, Suicide Prevention and Training, II. B.*)
53. Suicide watch occurred in the booking area, a non-therapeutic area. Medical staff need to access three locked doors in the event of a medical emergency where in life threatening emergencies, every second counts. There was also no toilet or sink to access running water in the cell. PCCF should ensure that suicide watch occurs in the medical building where there is ready access to medical staff and a therapeutic environment. If the cell is not suicide resistant, the detainee should be placed on one-to-one observation pending retro-fitting of the cell. (*NDS 2019, Suicide Prevention and Training, F Housing and Monitoring; NDS 2019 Suicide Prevention and Training, I No Excessive Deprivations; and NCCHC, J-B-05, Suicide Prevention and Intervention.*)
54. Based on staff description and a video tour, direct observation for detainees designated by mental health to need constant, or one-to-one observation was not compliant with the NDS 2019. It was reported that the staff member could be assigned to observe up to four detainees in need of one-to-one observation with the use of video. The location of the officer's post did not provide direct observation into the detainee's cell. Custody staff should be posted directly in front of the cell door for detainees on one-to-one observation to maintain direct observation of the detainee at all times. (*NDS 2019, Suicide Prevention and Training, F Housing and Monitoring; NDS 2019, Suicide Prevention and Training, I. No Excessive Deprivations; and NCCHC, J-B-05, Suicide*

Prevention and Intervention.)

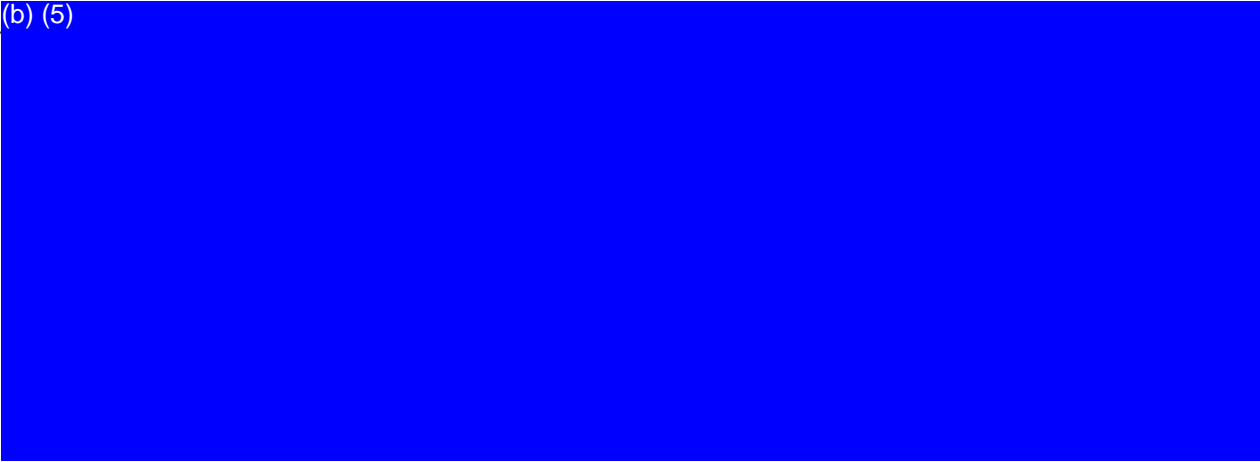
55. At the time of the onsite investigation, custody or nursing staff policy required the detainee be placed in a designated suicide watch cell and a suicide smock, with one-to-one observation until mental health evaluates the detainee, typically the next business day, regardless of the presenting problem or level of risk. In addition, detainees are not provided routinely with a blanket or mattress until approved by mental health. The facility should ensure that a clinician is contacted after-hours for detainees in need of urgent mental health assessments. Any order for suicide watch, including level of observation and access to property should be commensurate with the detainee's individualized risk level. *(NDS 2019, Suicide Prevention and Training, I and II. D. Referral and Evaluation; NDS 2019, Clothing, Hygiene, and Privacy.)*
56. Clinical documentation for detainees on suicide watch is inadequate. Mental health leadership should ensure that clinical documentation for detainees on suicide watch includes clinical rationale for the clinical rationale for discontinuation or continuing a suicide watch; treatment planning and clinical interventions to assist detainees in managing distress; safety planning and relapse prevention; and assessment of risk including documentation of rationale for low, medium or high risk. *(NDS 2019, Suicide Prevention and Training, E. Treatment; and NCCHC, Standards for Health Services in Jails, Suicide Prevention and Intervention, J-B-05, essential.)*
57. In reviewed healthcare records, documentation of symptoms occurred in general terms such as "depression" or "anxiety," but did not include how those symptoms manifested (sad mood, disturbed sleep, poor concentration) for each detainee. In addition, documentation of symptoms did not specify duration, frequency or impact on functioning, necessary criteria for diagnosis. Relatedly, documentation of clinical rationale for diagnoses and prescribed medication was not located. Mental health leadership should ensure documentation of specific symptoms and rationale for clinical diagnosis and psychiatric medication is included in clinical documentation. *(NDS 2019, Suicide Prevention and Training, E. Treatment; and NCCHC, Standards for Health Services in Jails, Suicide Prevention and Intervention, J-B-05, essential.)*
58. At the time of the onsite investigation, mental health staff did not provide input into the disciplinary process as required by the detention standards. The facility should implement a policy and procedure in which mental health staff have input into the disciplinary process and train staff accordingly. *(NDS 2019, Disciplinary System, A. Guidelines, item 5.)*
59. Clinical documentation for healthcare record reviews of detainees on suicide watch needed improvement in the several areas including clear documentation of clinical rationale for discontinuation or continuing suicide watch; treatment planning and clinical interventions to assist detainees in managing distress; safety planning and relapse prevention; and documented assessment of risk including documentation of rationale for low, medium or high risk. PCCF should ensure that mental health related treatment is driven by a multidisciplinary, collaborative treatment plan with individualized, objective and measurable treatment goals and corresponding treatment interventions that is reviewed quarterly or sooner if clinically indicated. *(NDS 2019, Suicide Prevention and Intervention, §§ III.A-C.)*

Environmental Health and Safety

60. Because this investigation was conducted virtually, the facility could not be physically inspected. However, there was a paper review of the department of public health (DPH) inspection report, facility documents, and interviews to gauge of compliance with established standards of sanitation. Based on this information, CRCL's environmental health and safety expert made the following priority recommendations:

61. The Department of Public Health's report stated that PCCF was inspected on September 30 and October 1, 2021, and that several code violations were found in the kitchen area including the cleanliness of the kitchen facility and its equipment. PCCF administration and Trinity Food Services management should ensure that the kitchen is always fully compliant with the NDS 2019, 1.1 Environmental Health and Safety, I. Policy stating that the facility will operate in accordance with all applicable regulations and codes including those of the Food and Drug Administration (FDA) which includes the FDA Model Food Code and the Massachusetts State Sanitary Code Chapter X – Minimum Sanitation Standards for Food Establishments. (*NDS 2019, 1.1 Environmental Health and Safety, I.*)

62. (b) (5)



63. Detainee complaints and concerns regarding religious meals are referred between the chaplain and medical departments without any apparent documented resolution. Specifically, the chaplain stated that if a detainee reported that religious meals caused digestive problems, he would refer them to medical; however, a detainee that submitted a sick call slip for digestive problems related to his religious diet was referred to the chaplain. PCCF should establish and implement a multidisciplinary team or committee that meets quarterly to discuss, assess, and evaluate the menus, observe meal service operations, and implement changes, when needed to ensure compliance with the NDS 2019. The multidisciplinary team or committee should minimally include the Assistant Deputy Superintendent (ADS) responsible for food services, the Trinity Food Services Director, the Registered Dietitian, the Chaplain, the Health Services Administrator (or designee), a designee from PCCF housing, such as a supervisor or officer, and a designee from ICE. (*NDS 2019, 4.1 Food Service: I.; II. Standards and Procedures: A. Administration, 1. Food Service Administrator (FSA) or Equivalent; D. Menu Planning, 1.; and F. Religious/Special Diets, 1.*)

64. During interviews, detainees stated that PCCF does not issue jackets, sweatshirts or sweatpants, or any other type of cold weather clothing. Detainees stated that to get a sweater, they must purchase one from the commissary. The ICE detainee handbook does not include outdoor, temperature-appropriate clothing in the issued clothing list. PCCF administration confirmed that clothing such as jackets and sweatshirts are not issued to detainees. During the virtual tour of the facility, snow was observed on the outdoor recreation yards called the “rec decks.” Therefore, clothing that is climatically suitable for the outdoor conditions would be needed to participate in outdoor recreation. PCCF should comply with NDS 2019, 4.4 Personal Hygiene, II. Standards and Procedures, B. Issuance of Clothing³ and PCCF Policy 755 Inmate Clothing, Linen & Laundry Services, 1. Clothing and Laundering⁴ and issue climatically suitable, outdoor, temperature-appropriate clothing such as sweatsuits and jackets or coats to detainees. (*NDS 2019, 4.4 Personal Hygiene, II. Standards and Procedures, B. Issuance of Clothing.*)
65. Multiple detainees reported to CRCL that they do not use the current issued bar soap issued by the facility because it is overly drying to the skin. This is a deterrent to good personal hygiene as is supported by the ERO COVID-19 Pandemic Response Requirements, Hygiene. PCCF should evaluate the current bar soap issued by the facility and consider providing an alternative type of bar soap instead. (*ERO COVID-19 Pandemic Response Requirements (Version 7.0, October 19, 2021, and NDS 2019, 4.4 Personal Hygiene, I.)*)
66. All the interviewed detainees stated, and the staff confirmed, that deodorant is not issued at PCCF. PCCF should issue deodorant to all detainees in compliance with the detention standards. Relatedly, PCCF should also issue deodorant to all detainees in segregation or those deemed indigent in compliance with PCCF Policy 402 C. Exceptions for Specific Units – Hygiene Kits, 3. Doing so will also ensure compliance with the NDS 2019. (*NDS 2019, 4.4 Personal Hygiene, I., and F.*)
67. The housing units, such as C3 contain smaller cells within the larger housing unit, each cell appeared to have three or four beds that share one toilet. The toilet in each cell is located very close to one or more of the beds. The DPH inspection report states, “Cell Size: Inadequate floor space, cells double bunked.” Although, PCCF administrators reported that the housing units were not being filled to the maximum capacity, due to COVID-19 restrictions, the finding of inadequate floor space is a concern. PCCF should immediately assess, evaluate, and if necessary, adjust the number of detainees housed in each unit and any cells within the unit to comply with the applicable standards for square feet per occupant, and any excess furnishings, such as beds should be removed to increase the unencumbered or usable space. (*NDS 2019, 1.1 Environmental Health and Safety, I.*)

68. (b) (5)

³ “At no cost to the detainee, all new detainees shall be issued clean, indoor/outdoor, temperature-appropriate, presentable clothing during in-processing,” and “The standard issue of clothing for detainees should be consistent with facility policy but should include not less than one uniform shirt and one pair of uniform pants or one jumpsuit; one pair of socks; one pair of underwear; two brassieres, as appropriate; and one pair of footwear. Additional clothing shall be issued as necessary for changing weather conditions or as seasonally appropriate,”

⁴ “The issue of clean, suitable and presentable clothing to new inmates, properly fitted, climatically suitable, durable and presentable, as necessary”

(b) (5)

69. Several detainees reported that the shower and bathroom areas are dirty or filthy, while others described them as clean. PCCF should ensure that preventive maintenance inspections and shower cleanings are completed on a regular basis to comply with NDS 2019, 1.1 Environmental Health and Safety, I. policy stating that detainees will be protected from injury and illness by maintaining high facility standards of cleanliness and sanitation. (*NDS 2019, 1.1 Environmental Health and Safety, I.*)

70. (b) (5)

71. Based on the Department of Public Health (DPH) inspection report dated October 12, 2021, wall vents in various areas of the facility were observed to be dirty. PCCF staff should routinely inspect, clean, and remove dust, lint, and obstructions from the HVAC vents to ensure compliance with NDS 2019, 1.1 Environmental Health and Safety, II. Standards and Procedures, I. General Environmental Health Guidelines, 2. Housekeeping (*NDS 2019, 1.1 Environmental Health and Safety, II. Standards and Procedures, I. General Environmental Health Guidelines, 2.*)

The complete expert recommendations are contained in the enclosed expert reports.

It is CRCL's statutory role to advise department leadership and personnel about civil rights and civil liberties issues, ensuring respect for civil rights and civil liberties in policy decisions and implementation of those decisions. We look forward to working with ICE to determine the best way to resolve these complaints. CRCL requests that ICE provide a response to CRCL within 120 days indicating whether ICE concurs or non-concurs with these recommendations. If you concur, please include an action plan. Please send your response and any questions to

(b) (6), CRCL will share your response with (b) (6), the Policy Advisor who conducted this investigation.

Enclosures

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