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Office of Detention Oversight
Special Review
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Enforcement and Removal Operations
ERO Boston Field Office

Northwest State Correctional Center
Swanton, Vermont

June 25-27, 2024

**SPECIAL REVIEW
of the
NORTHWEST STATE CORRECTIONAL CENTER
Swanton, Vermont**

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SPECIAL REVIEW PROCESS

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

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures, as “deficiencies.” ODO highlights instances when the facility resolves deficiencies prior to completion of the ODO inspection. Where applicable, these corrective actions are annotated with “C” under the *Compliance Inspection Findings* section of this report.

In FY 2022, ODO began conducting special reviews of under 72-hour ICE detention facilities with an ADP of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1 to 9 detainees. Additionally, ODO began conducting unannounced inspections of ICE detention facilities, regardless of ADP of detainees, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facility inspections will result in an ODO Inspection Compliance Rating; however, for facilities that are not contractually obligated to an ICE NDS, those ratings will be for ERO’s informational purposes. ODO will conduct a complete review of several core standards, in accordance with the facility’s contractually required ICE NDS or in accordance with the ICE NDS listed in the current ERO Custody Management Division Authorized Facility List for facilities that are not contractually obligated to an ICE NDS, which may include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Significant Self-harm and Suicide Prevention and Intervention, Hunger Strikes, Food Service, Environmental Health and Safety, Special Management Units (SMU) or Hold Rooms (if the facility does not have an SMU), Use of Force and Restraints/Use of Physical Control Measures, and Sexual Abuse and Assault Prevention and Intervention.

Upon completion of each special review or unannounced 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 uniform corrective action plans (UCAPs); 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.

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 ^{5,6,7}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	9
Sub-Total	9
Part 2 - Security	
Use of Force and Restraints	0
Special Management Units	0
Staff-Detainee Communication	5
Sexual Abuse and Assault Prevention and Intervention	4
Sub-Total	9
Part 4 - Care	
Food Service	2
Hunger Strikes	1
Medical Care	2
Significant Self-Harm and Suicide Prevention and Intervention	1
Sub-Total	6
Part 6 - Justice	
Grievance System	2
Sub-Total	2
Total Deficiencies	26

⁵ For greater detail on ODO's findings, see the *Special Review Findings* section of this report.

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

⁷ During a special review, ODO will review a facility's compliance with at least 10 individual standards.

DETAINEE RELATIONS

ODO interviewed one detainee, who voluntarily agreed to participate. The detainee did not make any allegations of discrimination, mistreatment, or abuse and reported satisfaction with facility services. The other four detainees housed at the start of the inspection were unavailable due to ERO Boston out-processing them for release.

SPECIAL REVIEW FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO inspected the chemical storage areas in the bulk chemical storage room, laundry room, and housing unit B/C. ODO found the following deficiencies:

- The bulk chemical storage room lacked a perpetual inventory for Barbicide, Clorox Bleach Concentrate, and H2O2 Orange Cleaner. Additionally, the laundry room did not have a perpetual inventory for 3M Roll Coat Color 4900V Brown, 3M Roll Coat Color 4913V-Dark Green, and 3M Roll Coat Color 4902V-Dark Red paints (**Deficiency EHS-3⁸**);
- Facility staff did not maintain inventory records for Barbicide, Clorox Bleach Concentrate, and H2O2 Orange Cleaner, stored in the bulk chemical storage room. Additionally, they did not maintain inventory records for 3M Roll Coat Color 4900V-Brown, 3M Roll Coat Color 4913V-Dark Green, and 3M Roll Coat Color 4902V-Dark Red, stored in the laundry room (**Deficiency EHS-4⁹**);
- Facility staff did not maintain a file of corresponding Safety Data Sheet (SDS) for H2O2 Orange Cleaner and the laundry room did not have SDSs for 3M Roll Coat Color 4900V-Brown, 3M Roll Coat Color 4913V-Dark Green, and 3M Roll Coat Color 4902V Dark Red (**Deficiency EHS-5¹⁰**); and
- Facility staff did not have ready and continuous access to SDSs for H2O2 Orange Cleaner in housing unit B/C and SDSs for 3M Roll Coat Color 4900V-Brown, 3M Roll Coat Color 4913V-Dark Green, and 3M Roll Coat Color 4902V-Dark Red in the laundry room (**Deficiency EHS-6¹¹**).

⁸ “Every area will have a perpetual inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

⁹ “Inventory records will be maintained for each substance.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

¹⁰ “In accordance with OSHA requirements, every area using hazardous substances will maintain a file of the corresponding Safety Data Sheets (SDSs).” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(1).

¹¹ “The SDSs provide vital information on individual hazardous substances, including instructions on safe handling, storage, and disposal, prohibited interactions, etc. Staff and detainees will have ready and continuous access to SDSs for the substances with which they are working while in the work area.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(1).

ODO reviewed the facility's EHS documentation, interviewed the fire and safety officer and found the following deficiencies:

- Facility staff and the maintenance supervisor did not review any records nor keep a list of hazardous substances or a master file of SDSs (**Deficiency EHS-7¹²**);
- The maintenance supervisor did not compile a master index of all hazardous substances and their locations in the facility nor a master file of all SDSs (**Deficiency EHS-8¹³**);
- The facility did not develop an SDS master file (**Deficiency EHS-9¹⁴**); and
- The master index did not include a comprehensive, up-to-date list of emergency phone numbers (**Deficiency EHS-10¹⁵**).

ODO inspected the bulk chemical storage room, laundry room, and housing unit B/C. In the bulk chemical storage room, facility staff did not keep inventory records for the hazardous substances Barbicide, Clorox Bleach Concentrate, and H2O2 Orange Cleaner. Additionally, in the laundry room, facility staff did not keep inventory records for 3M Roll Coat Color 4900V-Brown, 3M Roll Coat Color 4913V-Dark Green, and 3M Roll Coat Color 4902V-Dark Red (**Deficiency EHS-16¹⁶**).

SECURITY

STAFF-DETAINEE COMMUNICATION (SDC)

ODO interviewed the ERO Boston SDDO and found no method in place to document ICE visits (**Deficiency SDC-8¹⁷**).

ODO interviewed the assistant superintendent, reviewed facility policies and procedures, and found no written procedures to route detainee requests to the appropriate ERO Boston officials (**Deficiency SDC-11¹⁸**). **This is a priority component.**

ODO interviewed the ERO Boston SDDO and found detainees can only contact ICE/ERO through their caseworkers, and no methods in place for detainees to route their requests directly to ICE/ERO without reading, altering, or delay (**Deficiency SDC-12¹⁹**).

¹² “Staff must review SDS files, and the Maintenance Supervisor will review the records as necessary.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(1).

¹³ “The Maintenance Supervisor or facility designee will compile a master index of all hazardous substances in the facility, including their locations, along with a master file of SDSs. Documentation of reviews will be maintained in the SDS master file.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(2).

¹⁴ “Documentation of reviews will be maintained in the SDS master file.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(2).

¹⁵ “The master index will also include a comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.).” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(2).

¹⁶ “c. Inventory records for a hazardous substance must be kept current before, during, and after each use.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(4)(c).

¹⁷ “Each facility shall develop a method to document ICE visits.” *See* ICE NDS 2019, Standard, Staff-Detainee Communication, Section (II)(B)(4).

¹⁸ “The facility shall have written procedures to route detainee requests to the appropriate ICE/ERO official(s).” *See* ICE NDS 2019, Standard, Staff-Detainee Communication, Section (II)(C).

¹⁹ “Detainee request forms shall be delivered to ICE/ERO staff without reading, altering, or delaying such requests.” *See* ICE NDS 2019, Standard, Staff-Detainee Communication, Section (II)(C).

ODO toured the facility and found no Department of Homeland Security (DHS) Office of Inspector General (OIG) posters in housing unit B/C (**Deficiency SDC-21**²⁰).

Corrective Action: Prior to the conclusion of the inspection, the facility made the correction by posting the DHS OIG posters throughout the facility and its housing units and in areas where ICE detainees can see the posters (**C-1**).

ODO reviewed the local supplement to the ICE National Detainee Handbook and found no contact information for ICE/ERO nor ERO Boston staff's scheduled hours and days available to be contacted by detainees (**Deficiency SDC-22**²¹).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO interviewed the SAAPI Coordinator and reviewed the facility's Prison Rape Elimination Act program and found ERO Boston did not review the facility's written policy and procedures (**Deficiency SAAPI-14**²²).

ODO reviewed the facility's local supplement to the ICE National Detainee Handbook and found no instructions for detainees on how they may contact their consular official, the DHS OIG, or other designated office to confidentially and, if desired, anonymously report a SAAPI incident (**Deficiency SAAPI-50**²³).

Corrective Action: Prior to the conclusion of the inspection, the facility made the correction by posting the DHS OIG posters throughout the facility and its housing units and in areas where ICE detainees can see the posters (**C-2**).

ODO interviewed the facility's PREA Coordinator and found facility staff had not prepared a negative report for the past year in which they have had no reports of sexual abuse and/or assault (**Deficiency SAAPI-161**²⁴).

²⁰ "The facility administrator shall ensure that all ICE/ERO posters or other information are provided in every housing unit and in appropriate common areas (e.g., recreation areas, dining areas, processing areas)." See ICE NDS 2019, Standard, Staff-Detainee Communication, Section (II)(C)(3).

²¹ "The facility shall provide contact information for ICE/ERO and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees at the facility." See ICE NDS 2019, Standard, Staff-Detainee Communication, Section (II)(C)(4).

²² "The facility's written policy and procedures must be reviewed and approved by ICE/ERO." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A).

²³ "The facility shall provide instructions on how detainees may contact their consular official, the DHS Office of Inspector General, or as appropriate, another designated office, to confidentially and, if desired, anonymously report these incidents." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(F)(2).

²⁴ "If the facility has not had any reports of sexual abuse and assault during the annual reporting period, then the facility shall prepare a negative report." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(M)(5).

ODO interviewed the facility's PREA Coordinator and found facility staff did not prepare nor submit their annual review findings to ERO Boston (**Deficiency SA-API-162²⁵**).

CARE

FOOD SERVICE (FS)

ODO reviewed FS department staffing, interviewed the FS supervisor, and found a professional FS administrator does not directly supervise the FS program during the night shift (**Deficiency FS-2²⁶**). **This is a priority component.**

ODO reviewed FS department policies, interviewed the FS supervisor, and found no FS staff received a documented preemployment medical examination (**Deficiency FS-86²⁷**).

HUNGER STRIKES (HS)

ODO reviewed the training records of ■ correctional staff and ■ medical staff and found ■ out of ■ correctional staff and ■ out of ■ medical staff did not have initial and annual training to recognize the signs of a hunger strike nor on how to implement the procedures for referral for medical assessment, and for management of a detainee on a hunger strike (**Deficiency HS-1²⁸**).

MEDICAL CARE (MC)

ODO reviewed ■ detainee medical records and found in ■ out of ■ records, the health care practitioner did not obtain specific signed and dated consent forms (**Deficiency MC-92²⁹**). **This is a priority component.**

ODO interviewed the health services administrator, reviewed the facility's medical care policy and the local supplement to the ICE National Detainee Handbook, and found the local supplement to the ICE National Detainee Handbook did not inform detainees that facility policy allowed detainees to request and receive medical records pursuant (**Deficiency MC-102³⁰**).

²⁵ "The results and findings of the annual review shall be provided to the facility administrator and ICE/ERO for transmission to the ICE PSA Coordinator (this notification must be sent directly to the FOD)." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(M)(5).

²⁶ "The food service program shall be under the direct supervision of a professional food service administrator (FSA)." See ICE NDS 2019, Standard, Food Service, Section (II)(A)(1).

²⁷ "All food service personnel (both staff and detainee) shall receive a documented preemployment medical examination." See ICE NDS 2019, Standard, Food Service, Section (II)(I)(3)(a).

²⁸ "All staff shall be trained initially and annually thereafter to recognize the signs of a hunger strike, and to implement the procedures for referral for medical assessment and for management of a detainee on a hunger strike." See ICE NDS 2019, Standard, Hunger Strikes, Section (II)(A).

²⁹ "The facility health care practitioner will obtain specific signed and dated consent forms from all detainees before any medical examination or treatment, except in emergency circumstances." See ICE NDS 2019, Standard, Medical Care, Section (II)(O).

³⁰ "Detainees and their representatives shall be allowed to request and receive medical records pursuant to facility policy, which shall be communicated to the detainee in the facility handbook." See ICE NDS 2019, Standard, Medical Care, Section (II)(P).

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

ODO reviewed the training records of ■ medical staff and found in ■ out of ■ records, no comprehensive suicide prevention training during orientation and annual refresher training (**Deficiency SSHSPI-2³¹**). **This is a priority component.**

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO interviewed the assistant superintendent and found facility staff did not allow ICE detainees to communicate their grievances directly to ERO Boston (**Deficiency GS-23³²**).

ODO reviewed the local supplement to the ICE National Detainee Handbook and found the grievance section does not provide notices of:

- The opportunity to file a grievance, both informal and formal;
- The procedures for filing a grievance and appeal, including the availability of assistance in preparing a grievance;
- The procedures for resolving a grievance or appeal, including the right to refer the grievance to higher levels if the detainee is not satisfied with the resolution of the grievance; and
- Notice that staff may not harass, discipline, punish, or otherwise retaliate against any detainee for filing a grievance (**Deficiency GS-34³³**).

CONCLUSION

During this special review, ODO assessed the facility's compliance with 10 standards under NDS 2019 and found the facility in compliance with 2 of those standards. ODO found 26 deficiencies in the remaining 8 standards. Since this was ODO's first inspection of NWSCC, ODO did not conduct a trend analysis. ODO recommends ERO Boston work with the facility to resolve the remaining deficiencies in accordance with contractual obligations.

³¹ "All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training during orientation and refresher training at least annually thereafter." *See* ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(B).

³² "Facilities must allow any detainee dissatisfied with the facility's response to his or her grievance to communicate directly with ICE/ERO." *See* ICE NDS 2019, Standard, Grievance System, Section (II)(C).

³³ "The grievance section of the facility handbook will provide notice of the following:

1. The opportunity to file a grievance, both informal and formal.
2. The procedures for filing a grievance and appeal, including the availability of assistance in preparing a grievance.
3. The procedures for resolving a grievance or appeal, including the right to have the grievance referred to higher levels if the detainee is not satisfied that the grievance has been adequately resolved.
4. Notice that staff may not harass, discipline, punish, or otherwise retaliate against any detainee for filing a grievance."

See ICE NDS 2019, Standard, Grievance System, Section (II)(H)(1-4).

Compliance Inspection Results Compared	No Previous ODO Inspection	FY 2024 Special Review (NDS 2019)
Standards Reviewed	N/A	10
Deficient Standards	N/A	8
Overall Number of Deficiencies	N/A	26
Priority Component Deficiencies	N/A	4
Repeat Deficiencies	N/A	N/A
Areas Of Concern	N/A	0
Corrective Actions	N/A	2
Facility Rating	N/A	Acceptable/Adequate