

CLASSIFICATION SYSTEM			
Components	Yes	No	Remarks
9. Does a detainee's classification-level affect his/her recreation opportunities? a. Does a detainee participate in recreation activities with detainees with different classification-levels?		X	By unit, all the same
10. Does his/her classification-level determine a detainee's work assignment?		X	
11. Does the classification process include reassessment/reclassification? If yes: a. Do procedures include a reassessment between 45 and 60 days after arrival? b. Are subsequent reassessments completed every 60 to 90 days?			I am not aware of this
12. Does the classification system include standard procedures for processing new arrivals' appeals? a. Who has the authority to reduce a classification-level on appeal? b. Are appeals resolved within five business days? c. Is the detainee notified of the outcome within 10 business days? d. Is the decision appealable? If so, to whom?	X X		Detainees are aware of the ability to appeal classification, but until now I have only received one. via request or reply form.
13. Does the Detainee Handbook explain the classification levels, with the conditions and restrictions applicable to each?	X		We explain this at processing with ICE also
14. Does the Detainee Handbook specify the procedures a detainee must follow to appeal his/her classification or request reclassification?	X		

Telephone Serviceability Worksheet

Name of Facility: Plymouth

Name DRO Officer: 

(b)(6), (b)(7)(C)

Date/Arrival Time: 9/13/07

Date/Departure Time: _____

Phone System (Did Toll Free Numbers Work): OK

List of Consulates Called (minimum of five):
Cape Verde
China
Vietnam
Cambodia
Indonesia

Pro bono Legal Services Hotline: OK

Were there any inoperable telephones? Was PCS / Facility notified? Outcome?
All OK

Did any preprogrammed numbers not work? Which ones? Outcome?
I was informed that Honduras on the list shows "consulate in MA" when there is only one in NY.

Were previous telephone issues resolved?
In process

General Observations and Comments:

DRO Officer Signature: 

(b)(6), (b)(7)(C)

Date: 9/13/07



U.S. Department of Homeland Security
Immigration and Customs Enforcement
 Detention and Removal Operations
 New England Field Office

DETENTION FACILITY STATUS REPORT

DATE: 9/13/07 FACILITY: Plymouth
 TIME IN: _____ TIME OUT: _____

COMMENTS: _____

ICE DETAINEES IN:

<u>SEGREGATION</u>		<u>HEALTH UNIT</u>	
1.	[REDACTED]	1.	[REDACTED] - Jordan Hospital
2.	[REDACTED]	2.	_____
3.	[REDACTED]	3.	(b)(6) _____
4.	[REDACTED]	4.	_____
5.	[REDACTED]	5.	_____

LAW LIBRARY

(Computer units in working order with updated inserts)

Unit # 1 YES ~~NO~~
 Unit # 2 YES ~~NO~~
 Unit # 3 YES NO

cont. on reverse

GREIVANCES

(Resolved by staff in a timely manner)

N/A
 YES NO

(If NO, please state reasons and actions to rectify problem)

OFFICER / AGENT SIGNATURE [REDACTED]

(b)(6), (b)(7)(C)



U.S. DEPARTMENT OF HOMELAND SECURITY
 Immigration & Customs Enforcement
 Detention & Removal Operations
 New England Field Office
 Boston, MA

DETAINEE REQUEST & REPLY FORM

DATE: _____ FACILITY: _____ INMATE# _____
 (M/D/Y)

NAME: _____
 (Last, First, MI)

A-FILE#: _____ DATE OF BIRTH: _____ NATIONALITY: _____
 (M/D/Y)

DETAINEE REQUEST: _____

DETAINEE SIGNATURE & DATE

ICE RESPONSE: _____

OFFICER SIGNATURE & DATE

MISCELLANEOUS INFORMATION

IMMIGRATION & CUSTOMS ENFORCEMENT
 JOHN F. KENNEDY FEDERAL BLDG
 GOVERNMENT CENTER, 17TH FLOOR
 BOSTON, MASSACHUSETTS 02203

OFFICE OF THE IMMIGRATION JUDGE
 EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
 JOHN F. KENNEDY FEDERAL BLDG
 GOVERNMENT CENTER, 3RD FLOOR, ROOM #320
 BOSTON, MASSACHUSETTS 02203

BOARD OF IMMIGRATION APPEALS
 POST OFFICE BOX 8530
 FALLS CHURCH, VIRGINIA 22041

Plymouth County Correctional Facility

Inmate Request / La Demanda Del Preso / Pedido de Ocupante

Date: Fecha: Data: _____

To: A: Para: _____

From: De: _____

ID #: _____

Unit / La Unidad / Unidade _____ **Room # / El Cuarto# / Quarto#** _____

**List request (s)
La Demanda de la lista (s) / Pedido de lista (s) / (Escrito en ingles) / (Eserito em ingles)**

Inmate's Signature:
La Firma de preso:
A Assinatura de ocupante: _____

Received by: _____

Staff Response / Oficial de estado mayor Response / Proveja de pessoal Resposta

Approved / Aceptado / Aprovado **Denied / Negaron / Negado**

**Comments or Reason for Denial
Comentarios o Rczona para el Rechazo / Comentários ou Argumenta para Negação**

Staff Name: _____ **Date:** _____

Original : Inmate Folder Copy to Inmate

PLYMOUTH COUNTY CORRECTIONAL FACILITY

INMATE TELEPHONE COMPLAINT FORM

ATTENTION: THIS FORM MUST BE COMPLETELY FILLED OUT
OR YOUR CONCERN CANNOT BE PROPERLY ADDRESSED.

TO: **COMMUNICATIONS SUPERVISOR**

FROM: _____ NO: _____

(INMATE'S NAME)

UNIT: _____ PHONE STATION NO: _____

PHONE NUMBER(S) CALLED: _____

DATE OF OCCURRENCE: _____ TIME OF CALL: _____

TODAY'S DATE: _____

Phone message given: _____

Please describe the problem(s) you are having with the inmate telephone (be specific and include details).

RESOLUTION OF CONCERN

COMMUNICATIONS
SUPERVISOR: _____

DATE RESOLVED: _____

White - Communications Supv

Pink - Telecom Representative

Yellow - Inmate

000087

INMATE SAFETY ORIENTATION SHEET

PCCF 450 : ATTACHMENT 7

The inmate safety program has been set up to inform you of safety situations that may arise while you are incarcerated at this facility. Please understand that we cannot possibly cover all possible situations. In the event that you are confronted with a safety situation that has not been covered, please refer to the staff member supervising you.

1. When using a tool for the first time, always ask for instructions on how to use.
2. Always have respect for the tool that you are using, and inspect the tool before using it.
3. When using a tool, always wear safety glasses. Sunglasses, Eyeglasses (corrective or magnifying) and contact lenses are not good eye protection or safety glasses.
4. Machine guards, guides or other safety devices should not be ignored or removed.
5. Jewelry, loose clothing and long hair can all get caught and pull you into machinery.
6. A spill of any kind should be cleaned up or dealt with immediately.
To avoid back injury, bend knees, flex stomach and lift with leg muscles.
8. Before using chemicals or cleaning materials, read the label, know what it is, and know what to do if there is an accident.
9. Always carry tools by the handle with the sharp end down.
10. Dull tools can be more dangerous than sharp ones.
11. Flammable materials should be stored separately, away from heat sparks and flames.
12. When an unprotected bystander is present do not start work.
13. Always be alert to oncoming traffic and move quickly across intersections.
14. Do not touch any syringes, needles, condoms or human feces.

I acknowledge receiving a copy of these safety notes.

Pant Size: _____

Shirt Size: _____

Shoe Size: _____

Inmate's Signature: _____

Date: _____