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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 Atlanta Field Office

York County Detention Center

York, South Carolina

May 3–5, 2016

**COMPLIANCE INSPECTION
for the
YORK COUNTY DETENTION CENTER
YORK, SOUTH CAROLINA**

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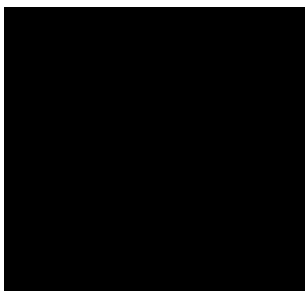
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EXECUTIVE SUMMARY

The Office of Detention Oversight (ODO) conducted a compliance inspection of the York County Detention Center (YCDC) in York, South Carolina, from May 3 to 5, 2016.¹ YCDC opened in May of 1995 and is owned and operated by the York County Sheriff’s Department. The Office of Enforcement and Removal Operations (ERO) began housing detainees at YCDC in 2007 pursuant to a United States Marshals Service (USMS) Intergovernmental Service Agreement (IGA), under the oversight of ERO’s Field Office Director (FOD) in Atlanta.

ERO staff members are assigned to the facility. A Detention Services Manager is not assigned to the facility. An YCDC Chief is responsible for oversight of daily facility operations and is supported by █ personnel. Trinity Services Group Inc. of Oldsmar, Florida provides food services, and the YCDC staff provides medical services. The facility holds no accreditations. The YCDC 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, though it has made efforts to comply.⁴

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	70
Average ICE Detainee Population ³	█
Male Detainee Population (as of 5/5/2016)	█
Female Detainee Population (as of 5/5/2016)	█

OVERALL FINDINGS

In March 2013, ODO conducted an inspection of the YCDC facility under the National Detention Standards (NDS) 2000, reviewing the facility’s compliance with 24 standards finding the facility compliant with 12 standards. There were a total of 26 deficiencies in the remaining 12 standards.

Inspection Results Compared	FY 2013 (NDS 2000)	FY 2016 (NDS 2000)
Standards Reviewed	24	15
Deficient Standards	12	13
Overall Number of Deficiencies	26	39
Corrective Action	0	7

In May 2016, ODO conducted an inspection of YCDC under the NDS 2000. ODO reviewed the facility’s compliance with 15 standards and found the facility compliant with two standards. ODO found 39 deficiencies in the remaining 13 standards, eight of which were repeat deficiencies.⁵ Repeat deficiencies have been noted accordingly throughout the “Inspection Findings” section of this report. Finally, ODO identified seven instances where the facility initiated corrective action during the course of the inspection.⁶

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

² Data Source: ERO Facility List Report as of May 2, 2016.

³ *Ibid.*

⁴ The U.S. Department of Justice, Bureau of Justice Assistance completed a Prison Rape Elimination Act (PREA) audit at YCDC in 2015. The final audit results, dated August 16, 2014, certified the YCDC as PREA compliant.

⁵ ODO identified repeat deficiencies from the March 2013 inspection report in the following standards: Detainee Grievance Procedures (1); Environmental Health and Safety (2); Special Management Units (Administrative Segregation) (1); Special Management Units (Disciplinary Segregation) (1); and Medical Care (3).

⁶ Corrective actions were immediately implemented, best practices and ODO recommendations, as applicable have been identified in the Inspections Finding section and annotated with a “C”, “BP” or “R”, respectively.

FINDINGS BY NDS 2000 MAJOR CATEGORIES

NDS 2000 STANDARDS INSPECTED ⁷	DEFICIENCIES
Part 1 – Detainee Services	
Access to Legal Material	0
Admission and Release	0
Detainee Classification System	2
Detainee Grievance Procedures	4
Detainee Handbook	1
Food Service	3
Funds and Personal Property	1
Staff-Detainee Communication	5
Telephone Access	4
Sub-Total	20
Part 2 – Security and Control	
Environmental Health and Safety	2
Special Management Unit (Administrative Segregation)	4
Special Management Unit (Disciplinary Segregation)	3
Use of Force	2
Sub-Total	11
Part 3 – Health Services	
Medical Care	7
Suicide Prevention and Intervention	1
Sub-Total	8
Total Deficiencies	39

⁷ 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 to determine compliance with the ICE National Detention Standards (NDS) 2000, or the Performance-Based National Detention Standards (PBNDS) 2008 or 2011, as applicable.

During the compliance inspection, ODO reviews each facility's compliance with those detention standards that directly affect detainee health, safety, and/or well-being.⁸ Any violation of written policy specifically linked to ICE detention standards, ICE policies, or operational procedures that ODO identifies is noted as a deficiency. ODO also highlights any deficiencies found involving those standards that ICE has designated under either the PBNDS 2008 or 2011, to be "priority components."⁹ Priority components have been selected from across a range of detention standards based on their critical importance to 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.

⁸ ODO reviews the facility's compliance with selected standards in their entirety.

⁹ Priority components have not been identified for the NDS.

DETAINEE RELATIONS

ODO interviewed 11 detainees each of whom volunteered to participate. None of the detainees made allegations of mistreatment or discrimination. The majority of detainees reported being satisfied with facility services, with the exception of the complaints below:

Telephone Access: Seven detainees alleged they had not received pin codes to access and make phone calls to family members.

Action Taken: ODO communicated the issue to the SDDO, and all detainees who were without telephone pin codes were issued pin codes before the completion of the inspection.

Detainee Handbook: Five detainees alleged they had not received the ICE National Detainee Handbook and/or the facility handbook.

Action Taken: ODO reviewed handbook distribution practices with the SDDO and facility staff and found that detainees are provided the facility-specific handbooks at intake; however, ODO found that detainees transferred to the facility from other ICE facilities do not receive an ICE National Detainee Handbook. ODO reviewed the Office of Detention and Removal Operations Memorandum, *ICE National Detainee Handbook*, dated November 2, 2007 with the SDDO. Prior to the completion of the inspection all ICE detainees were issued and signed for National Detainee Handbooks. In addition, ERO provided the facility with several boxes of ICE National Detainee Handbooks to be issued to newly arriving detainees.

Medical Care: One detainee claimed he submitted a medical request form because he has been vomiting blood and has not received a response.

Action Taken: ODO reviewed the detainee's medical records which indicated on Saturday, April 30, 2016, the detainee told facility personnel he had a history of vomiting blood while housed in a previous correctional facility. ODO found no evidence of a medical request form having been submitted. The HSA and RN on duty attempted to address his medical history and request copies of his previous medical records. However, the detainee refused to sign a Request For Release Of Medical Records. As the detainee did not report current symptoms, or any since his arrival at YCDC, no treatment was provided. Medical staff advised the detainee to submit a medical request should symptoms recur.

INSPECTION FINDINGS

DETAINEE SERVICES

Detainee Classification System (DCS)

ODO reviewed the classification files for the eleven detainees in custody during the inspection and found a detainee with a classification level of *high*, housed in a dormitory with detainees with classification levels of *low* (**Deficiency DCS-1¹⁰**).

Corrective Action: Prior to the completion of the inspection, the facility moved the detainee with a classification level of *high* to another housing unit (**C-1**).

ODO reviewed the YCDC inmate handbook and found the handbook does not address the method by which an ICE detainee may appeal his or her classification level, a description of the ICE classification levels and applicable conditions and restrictions (**Deficiency DCS-2¹¹**). YCDC Procedure 900.02 *Classification Plan*, dated 05/19/2014, includes a process by which detainees may appeal their classification level.

Detainee Grievance Procedures (DGP)

ODO reviewed YCDC Procedure 1200.06, *Inmate Grievances*, dated 09-08-2014, and found that if a detainee's grievance cannot be resolved informally, the detainee cannot bypass or terminate the informal grievance process and proceed directly to the formal grievance stage (**Deficiency DGP-1¹²**). ODO also found that if an oral grievance is resolved to the detainee's satisfaction, the facility does not document the results in the detainee's detention file (**Deficiency DGP-2¹³**).

ODO conducted an interview with the facility administrator, who stated that staff does not file detainee grievances in the detainee detention files, to protect the privacy of the detainees (**Deficiency DGP-3¹⁴**). While records are not maintained in detention files, ODO confirmed YCDC maintains a grievance log to document and track grievances filed by detainees. A review of the grievance log determined there have not been any grievances filed in the year preceding the inspection.

¹⁰ "██████████ detainees will not be housed with ██████████ detainees." See ICE NDS 2000, Detainee Classification System, Section (III)(F)(1).

¹¹ "The detainee handbook's section on classification will include the following:

1. An explanation of the classification levels, with the conditions and restrictions applicable to each.
2. The procedures by which a detainee may appeal his/her classification."

See ICE NDS 2000, Detainee Classification System, Section (III)(I)(1)(2).

¹² "The detainee is free to bypass or terminate the informal grievance process, and proceed directly to the formal grievance stage...." See ICE NDS 2000, Detainee Grievance Procedures, Section (III)(A)(1).

¹³ "If an oral grievance is resolved to the detainee's satisfaction at any level of review, the staff member need not provide the detainee written confirmation of the outcome; however the staff member will document the results for the record and place his/her report in the detainee's detention file." See ICE NDS 2000, Detainee Grievance Procedures, Section (III)(A)(1).

¹⁴ "A copy of the grievance will remain in the detainee's detention file for at least three years...." See ICE NDS 2000, Detainee Grievance Procedures, Section (III)(E).

ODO reviewed the YCPC inmate handbook and found it does not include the availability of assistance in preparing a grievance, the procedures for contacting ICE to appeal the decision of the facility administrator, and it does not notify detainees of the opportunity to file a complaint about officer misconduct directly with the U.S. Department of Homeland Security, Office of the Inspector General (**Deficiency DGP-4¹⁵**).

Detainee Handbook (DH)

ODO conducted an interview with a shift Lieutenant and identified that detainees transferred from ICE custody into this facility do not receive an ICE National Detainee Handbook (**Deficiency DH-1¹⁶**).

Corrective Action: Prior to completion of the ODO inspection, ERO issued all ICE detainees in the facility an ICE National Detainee Handbooks (**C-2**).

Food Service (FS)

ODO reviewed available documentation provided by the facility food service manager and found food service employees were tested for tuberculosis but did not receive full physical examinations and medical clearances (**Deficiency FS-1¹⁷**).

Corrective Action: Prior to completion of the inspection, physical examinations were conducted, and all employees were medically cleared to work in the food service department (**C-3**).

ODO reviewed the procedures and written instructions provided by the facility food service manager for religious diets and found religious diets are approved by the facility's Chief Administrator rather than the Chaplain as required by the standard (**Deficiency FS-2¹⁸**).

¹⁵ "The grievance section of the detainee handbook will provide notice of the following:

....

2. The procedures for filing a grievance and appeal, including the availability of assistance in preparing a grievance....
4. The procedures for contacting the INS to appeal the decision of the OIC of the CDF or an IGSA facility....
6. The opportunity to file a complaint about officer misconduct directly with the Justice Department by calling 1-800-869-4499 or by writing to:

Department of Justice
P.O. Box 27606

Washington, DC 20038-7606....” See ICE NDS 2000, Detainee

Grievance Procedures, Section (III)(G)(2)(4)(6). **This is a repeat deficiency.**

¹⁶ “The detention facility will provide an ICE National Detainee Handbook to detainees residing in an ICE approved facility. See Change Notice: ICE National Detainee Handbook - November 02, 2007.

¹⁷ “The food service workers' examination shall be conducted in sufficient detail to determine absence of:

1. Acute or chronic inflammatory condition of the respiratory system.
2. Acute or chronic infectious skin disease.
3. Communicable disease.
4. Acute or chronic intestinal infection.” See ICE NDS 2000, Food Service, Section (III)(H)(3)(b).

¹⁸ “Detainees whose religious beliefs require adherence to particular dietary laws will be referred to the Chaplain. After verifying the religious dietary requirement by reviewing files and/or consulting with local religious representatives, the Chaplain will issue specific written instructions. Special diets will be kept simple, as much like the food served on the main line as possible.” See ICE NDS 2000, Food Service, Section (III)(E)(1).

ODO observed the delivery of detainee food trays from the food service prep area to the detainee housing units and found that the inmates deliver the food trays from the kitchen to the housing units without supervision and utilizing unlocked carts (**Deficiency FS-3¹⁹**).

Corrective Action: When ODO discussed with food service staff the issue of unlocked food service carts, the food service staff stated they would escort the food carts until a mechanism to lock the carts was identified. Before the end of the inspection, ODO observed the food service carts were supervised by food service personnel during the delivery of food service trays to detainees. (**C-4**)

Funds and Personal Property (F&PP)

ODO reviewed the YCPC inmate handbook and found the handbook does not notify detainees that upon request they will be given an ICE certified copy of any identification documents placed in their A-file (**Deficiency F&PP 1²⁰**).

Corrective Action: Prior to the completion of the inspection, the facility posted notices in the housing units notifying detainees they may request identity documents through ICE staff (**C-5**).

Staff-Detainee Communication (SDC)

ODO observed staff visits to the SMU and discussed the visits with the SDDO. ERO staff visits the SMU and regularly speak with the detainees in the SMU. When visiting the SMU ERO staff do not review the detainee's classification and basis for placement in the SMU or the detainee's housing records. (**Deficiency SDC1²¹**).

ODO reviewed YCDC procedure 100.07, *Staff/Inmate Communications*, dated 02/19/2013, and determined the facility procedure does not address the procedure to route detainee requests to the appropriate ICE official; nor does it provide guidance to detainees who may have limited English proficiency, as to how to request assistance (**Deficiency SDC3²²**).

¹⁹ "Food will be delivered from one place to another in covered containers. These may be individual containers, such as pots with lids, or larger conveyances that can move objects in bulk, such as enclosed satellite-feeding carts. Food carts must have locking devices." See ICE NDS 2000, Food Service, Section (III)(C)(2)(g).

²⁰ "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including: That, upon request, they will be provided an INS-certified copy of any identity document (passport, birth certificate, etc.) placed in their A-files...." See ICE NDS 2000, Funds and Personal Property, Section (III)(J)(2).

²¹ "While visiting the Special Management Unit, the detainees shall be interviewed, living conditions will be observed and detainee-housing records reviewed." See ICE NDS 2000, Standard, Staff Detainee Communication, Section (III)(A)(1)(b).

²² "All facilities that house detainees must have written procedures to route detainee requests to the appropriate ICE official. The detainee may, if he or she chooses, seal the request in an envelope and clearly mark the envelope with the name, title or office the request is to be forwarded to. A detainee may obtain assistance from another detainee, housing officer, or other facility staff in preparing a request form. The OIC shall ensure that the standard operating procedures cover detainees with special requirements, including those who are disabled, illiterate, or know little or no English. Each facility will accommodate the special assistance needs of such detainees in making a request." See ICE NDS 2000, Standard, Staff Detainee Communication, Section (III)(B).

ERO staff does not utilize any type of log to record detainee requests and completed detainee requests are not placed in the detainee's detention file (**Deficiency SDC4²³**).

Corrective Action: Prior to the completion of the inspection, the SDDO instituted a logbook designed for the specific purpose of recording all detainee requests (**C-6**).

ODO reviewed the facility handbook and determined the handbook does not inform detainees they can submit written questions and concerns to ICE staff or that assistance is available for detainees with limited English proficiency (**Deficiency SDC5²⁴**). The handbook also does not include the DHS OIG hotline and direct mailing information (**Deficiency SDC6²⁵**).

Telephone Access

ODO reviewed YCDC Procedure Number 1400.02, *Inmates Use of Telephones* (07-27-2011), and determined that detainee phone calls are limited to ten minutes in length via an automated system. ODO conducted an interview with senior facility staff and determined the ten minute phone call limit pertains to both detainee personal calls as well as calls to a detainee's legal representatives (**Deficiency TA-1²⁶**).

ODO reviewed a representative sample of automated detainee call reports and determined that detainees are afforded the opportunity to make unmonitored calls to legal representatives. ODO also inspected the housing units where ICE detainees are housed. ODO determined the configuration of the telephones mounted in the housing units and the associated lack of privacy panels and the limited distance between phones does not ensure privacy for a detainee phone call to a legal representative. Additionally, ODO conducted an interview with senior facility staff

²³ "All requests shall be recorded in a logbook specifically designed for that purpose. The log, at a minimum shall contain:

- The date the detainee request was received;
- Detainee's name;
- A-Number;
- Nationality;
- Officer logging the request;
- The date the request, with staff response and action, is returned to the detainee; and
- Any other site-specific pertinent information.

In IGSA's the date the request was forwarded to ICE and the date it was returned shall also be recorded. All completed Detainee Requests 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).

²⁴ "The facility shall provide each detainee, upon admittance, a copy of the detainee handbook or equivalent. The handbook shall state that the detainee has the opportunity to submit written questions and concerns to ICE staff or the procedures for doing so, including the availability of assistance in preparing the request." See ICE NDS 2000, Standard, Staff Detainee Communication, Section (III)(B)(3).

²⁵ "Each Field Office Director shall ensure that the OIG Hotline is conspicuously posted in all units housing ICE detainees. This applies to all Service Processing Centers, Contract Detention Facilities and Inter-Governmental Service Agreement facilities. The OIG Hotline information is to be included in the detainee handbooks in each of the aforementioned locations. Until the detainee handbooks can be revised during the annual update, ICE staff shall ensure that each detainee in ICE custody is informed in writing the OIG contact information." See Change Notice Staff-Detainee Communication, dated June 15, 2007.

²⁶ "The facility shall not restrict the number of calls a detainee places to his/her legal representative, nor limit the duration of such calls by rule or automatic cut-off, unless necessary for security purposes or to maintain orderly and fair access to telephones. If time limits are necessary for such calls, they shall be no shorter than 20 minutes." See ICE NDS 2000, Telephone Access, Section (III)(F).

and determined that detainees are not allowed to use facility office phones to make a private, unmonitored call to a legal representative (**Deficiency TA-2²⁷**).

The facility had not reported to ERO that detainees who arrive on nights and weekends may not be able to use the YCDC telephone system (**Deficiency TA-4²⁸**). YCDC's phone system requires that detainees use a personal identification number (PIN) to access the phone system. Detainee PINs are typically issued during normal working hours, Monday through Friday, as part of the facility intake process. ODO identified, through detainee interviews, four detainees arrived on a Friday evening when the individual responsible for providing detainee PINs had already left for the day. The detainees were unable to use the facility telephone system to contact family or legal representatives until they were issued PINs the following Monday.

ODO conducted an interview with the Facility Chief Administrator and identified that the facility does not make arrangements to permit a detainee to speak via telephone with a family member detained at another facility, and no exception is made to permit a detainee's request for an inter-facility family call to discuss legal matters (**Deficiency TA-5²⁹**).

SECURITY AND CONTROL

Environmental Health and Safety (EH&S)

ODO toured the facility and identified that YCDC does not have exit diagrams in detainee housing areas, the corridors outside the housing units, the booking and laundry areas, or the library (**Deficiency EH&S-1³⁰**). ODO interviewed senior facility staff and were informed that exit diagrams are not posted in detainee accessible areas for security reasons. In addition, ODO observed the exit diagrams posted in other locations did not include instructions in Spanish and "You are Here" markers (**Deficiency EH&S-2³¹**).

Special Management Units (Administrative Segregation) (SMU AS)

Detainees with a custody classification level of "high" are housed in administrative segregation in accordance with YCDC Procedure 1100.02D, *Maximum Security Housing*, dated, 10-01-04.

²⁷ "The facility shall ensure privacy for detainees' telephone calls regarding legal matters. For this purpose, the facility shall provide a reasonable number of telephones on which detainees can make such calls without being overheard by officers, other staff or other detainees." See ICE NDS 2000, Telephone Access, Section (III)(J).

²⁸ "If the limitations of its existing phone system will initially preclude the facility from meeting these requirements, the OIC must report this to INS..." See ICE NDS 2000, Telephone Access, Section (III)(E)

²⁹ "Upon a detainee's request, the facility shall make special arrangements permitting the detainee to speak by telephone with an immediate family member detained in another facility. The facility shall liberally grant requests for inter-facility family calls to discuss legal matters." See ICE NDS 2000, Telephone Access, Section (III)(H).

³⁰ "Every institution will develop a fire prevention, control, and evacuation plan to include, among other things, the following:

....
g. Accessible, current floor plans (buildings and rooms); prominently posted evacuation maps/plans, exit signs, and directional arrows for traffic flow, with a copy of each revision filed with the local fire department.

h. Conspicuously posted exit diagram conspicuously posted for and in each area..." See ICE NDS, Environmental Health and Safety, Section (III)(L)(3)(g)(h). **This is a repeat deficiency.**

³¹ "In addition to a general area diagram, the following information must be provided on existing signs:

a. English and Spanish instructions

b. "You Are Here" markers..." See ICE NDS 2000, Environmental Health and Safety, Section (III)(L)(5)(a)(b). **This is a repeat deficiency.**

ODO reviewed YCDC Procedure 1100.02D and identified that detainees in administrative segregation are not afforded the same privileges or living conditions as detainees housed in the general population (**Deficiency SMU AS-1**³²). ODO interviewed senior facility staff and identified that detainees in administrative segregation are only allowed one hour per day of out-of-cell time. During these times the detainee may go to outdoor recreation (limited to a maximum of three days per week, weather permitting), shower, use the telephone, or watch TV in the dayroom. The NDS 2000 Recreation Standard requires that detainees be allowed one hour of recreation per day, five days per week. Recreation time cannot be combined with shower or other out-of-cell time.

ODO reviewed the detention files of 28 detainees who were placed in administrative segregation during the year preceding the inspection and found only one detention file containing the required segregation order (**Deficiency SMU AS-2**³³).

ODO reviewed the detention files of 28 detainees who were placed in administrative segregation and found the files did not contain documentation needed to determine if status reviews were conducted. Subsequently, ODO reviewed YCDC Procedure 1100.02A, *Special Management Inmates*, dated, 11-19-2012 and determined the procedure does not address a 72 hour review of administrative segregation placements (**Deficiency SMU AS-3**³⁴).

ODO reviewed the Administrative Segregation permanent log and found that medical personnel only see detainees to administer medication and to see those who requested medical services. The log did not document visits by medical personnel of every detainee in the special management unit at least three times per week (**Deficiency SMU AS-4**³⁵).

Special Management Units (Disciplinary Segregation) (SMU DS)

ODO reviewed the disciplinary segregation files of the two detainees in disciplinary segregation during the inspection and found one of the files did not contain the required disciplinary segregation order (**Deficiency SMU DS-1**³⁶).

³² “Detainees in administrative segregation shall receive the same general privileges as detainees in the general population, consistent with available resources and security considerations.” See ICE NDS 2000, Standard Special Management Unit, Administrative Segregation, Section (III)(D).

³³ “A written order shall be completed and approved by a supervisory officer before a detainee is placed in administrative segregation, except when exigent circumstances make this impracticable.” See ICE NDS 2000, Standard, Special Management Units, (Administrative Segregation), Section (III)(B).

³⁴ “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 and the justification. The Administrative Segregation Review Form (I-885) will be used for the review. If the detainee has been segregated for the detainee’s protection, but not at the detainee’s request, the signature of the OIC or assistant OIC is required on the I-885 to authorize continued detention.”

See ICE NDS 2000, Standard, Special Management Units, (Administrative Segregation), Section (III)(C).

³⁵ “A medical professional shall visit every detainee in Administrative segregation at least three times a week.” See ICE NDS 2000, Standard, Special Management Units, (Administrative Segregation), Section (III)(D)(12). **This is a repeat deficiency.**

³⁶ A written order shall be completed and signed by the chair of the Institutional Disciplinary Committee panel before a detainee is placed in disciplinary segregation. A copy of the order shall be given to the detainee within 24 hours, unless delivery would jeopardize safety, security, or the orderly operation of the facility.” See ICE NDS 2000, Standard, Special Management Units, (Administrative Segregation), Section (III)(B).

ODO reviewed the facility's disciplinary segregation policy, YCDC Procedure 1100.02A, *Special Management Inmates*, dated, 11-19-2012, and found it did not address status reviews of detainees in disciplinary segregation every seven days (**Deficiency SMU DS-2**³⁷).

ODO reviewed the disciplinary segregation unit's permanent log and found that medical personnel only see detainees to administer medication and those detainees who have requested medical services. The log did not document visits by medical personnel of every detainee in the pod at least three times per week (**Deficiency SMU DS-3**³⁸).

Use of Force (UOF)

ODO reviewed documentation for the only immediate UOF incident occurring during the past year and was unable to verify that the detainee was examined by medical staff for injuries after the use of force event (**Deficiency UOF-1**³⁹).

ODO reviewed the facility's use of force policy, YCDC Procedure 1000.17, dated 11-19-2012 and found the facility procedure does not address the requirement for after action reviews of a use of force incident, either immediate or calculated (**Deficiency UOF-2**⁴⁰).

HEALTH SERVICES

MEDICAL CARE (MC)

ODO reviewed the credential files for the YCDC medical staff and found the licenses and credentials for the clinical director, dentist, mental health staff, and pharmacist were not present at the facility (**Deficiency MC-1**⁴¹).

ODO reviewed 35 medical records and found one detainee who did not receive a physical examination within 14 days of the detainee's arrival at the facility (**Deficiency MC-2**⁴²). Additionally, ODO's medical record review identified a different detainee who did not receive an initial dental examination within 14 days of the detainee's arrival at the facility (**Deficiency MC-3**⁴³).

³⁷ "All facilities shall implement written procedures for the regular review of all disciplinary segregation cases, consistent with the procedures specified below..." See ICE NDS 2000, Standard, Special Management Units, (Disciplinary Segregation), Section (III)(C).

³⁸ "A medical professional shall visit every detainee in Administrative segregation at least three times a week." See ICE NDS 2000, Standard, Special Management Units, (Disciplinary Segregation), Section (III)(D)(16). **This is a repeat deficiency.**

³⁹ "After any use of force or forcible application of restraints, medical personnel shall examine the detainee, immediately treating any injuries. The medical services provided shall be documented." See ICE NDS 2000, Standard, Use of Force, Section (III)(G)(2).

⁴⁰ "Written procedures shall govern the use-of-force incident review, whether calculated or immediate, and the application of restraints. The review is to assess the reasonableness of the actions taken (force proportional to the detainee's actions, etc. IGSA will pattern their incident review process after INS. INS shall review and approve all After Action Review procedures." See ICE NDS 2000, Standard, Use of Force, Section (III)(K).

⁴¹ "The health care staff will have a valid professional licensure and or certification." See ICE NDS 2000, Medical Care, Section (III)(D).

⁴² "The healthcare provider of each facility will conduct a health appraisal and physical examination on each detainee within 14 days of arrival at the facility." See ICE NDS 2000, Medical Care, Section (III)(D).

⁴³ "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 assistant, or nurse practitioner." See ICE NDS 2000, Standard, Medical Care, Section (III)(E).

A review of 15 medical files of detainees who had positive PPD tests found the detainees were not promptly isolated and evaluated by means of chest x-rays to rule out active TB (**Deficiency MC-4⁴⁴**).

ODO reviewed the medication administration logs (MAL) prepared by the facility medical department for use by detention officers and found the MAL did not provide the medication name, dosage or route of administration (**Deficiency MC-5⁴⁵**).

Corrective Action: Prior to completion of the inspection, the pharmacy technician initiated corrective action by preparing MALs for each medication and adhering a medication label with required information (**C-7**).

ODO's review of 35 medical records identified one detainee who was prescribed psychotropic medication and had not signed a specific consent form (**Deficiency MC-6⁴⁶**).

ODO's review of the access to medical care for detainees housed in the special management units (SMU) found that detainees housed in the SMU physically hand their medical request(s) directly to correctional staff for placement in the assigned sick call request box--thus violating patient confidentiality (**Deficiency MC-7⁴⁷**).

SUICIDE PREVENTION AND INTERVENTION (SP&I)

ODO reviewed YCPC Procedure 1500.05, *Suicide Prevention and Intervention*, dated 7-30-2015, as well as the medical records of the two detainees who had been on suicide watch during the 12 months preceding the inspection, and found that discontinuation of suicide watch status in both cases was authorized by mental health professionals without written authorization from the Clinical Director (**Deficiency SP&I-1⁴⁸**). Delegation of authority to discontinue a suicide watch was not found in YCP Procedure 1500.05.

⁴⁴ "Detainees with symptoms suggestive of TB will be placed in an isolation room and promptly evaluated for TB disease." See ICE NDS 2000, Medical Care, Section (III)(D). **This is a repeat deficiency.**

⁴⁵ "Distribution of medication will be according to the specific instructions and procedures established by the health care provider. Officers will keep written records of all medication given to detainees." See ICE NDS 2000, Medical Care, Section (III)(I). **This is a repeat deficiency.**

⁴⁶ "As a rule, medical treatment will not be administered against the detainee's will. The facility health care provider will obtain signed and dated consent forms from all detainees before any medical examination or treatment, except in emergency circumstances." See ICE NDS 2000, Medical Care, Section (III)(L).

⁴⁷ "All medical providers shall protect the privacy of detainees' medical information to the extent possible while permitting the exchange of health information required to fulfill program responsibilities and to provide for the well-being of detainees." See ICE NDS 2000, Standard, Medical Care, Section (III)(M). **This is a repeat deficiency.**

⁴⁸ "A detainee formerly under a suicide watch may be returned to general population, upon written authorization from the CD." See ICE NDS 2000, Suicide Prevention and Intervention, Section (III)(C).