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Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Philadelphia Field Office

York County Prison
York, Pennsylvania

January 7-9, 2020

**COMPLIANCE INSPECTION
of the
YORK COUNTY PRISON
York, Pennsylvania**

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FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the York County Prison (YCP) in York, Pennsylvania, from January 7 to 9, 2020.¹ The facility opened in 1979 and is owned by the County of York and operated by York County Prison Board of Inspectors. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at YCP in 1993 under the oversight of ERO's Field Office Director (FOD) in Philadelphia (ERO Philadelphia). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2008.

ERO has assigned Assistant FOD, Supervisory Detention and Deportation Officer, and Deportation Officers (DOs) and a Detention Services Manager (DSM) to the facility. The YCP Warden handles daily facility operations and is supported by █████ personnel. Asset Protection & Security Services provides food services and ICE Health Service Corps (IHSC) provides medical care at the facility. The facility is accredited by the American Correctional Association, the National Commission on Correctional Health Care, and the Pennsylvania Department of Corrections.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	800
Average ICE Detainee Population ³	509
Male Detainee Population (as of 4/2/2019)	413
Female Detainee Population (as of 4/2/2019)	32

During its last inspection, in FY 2017, ODO found 21 deficiencies in the following areas: Environmental Health and Safety (1); Admission and Release (1); Classification System (1); Special Management Units (1); Staff-Detainee Communication (2); Food Service (8); Telephone Access (1); Grievance System (2) and Law Libraries and Legal Materials (4).

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

² Data Source: ERO Facility List Report as of December 30, 2019.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, and where detainees are housed for longer than 72 hours, to assess compliance with ICE national detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” For facilities governed by either the PBNDS 2008 or 2011, ODO specifically notes deficiencies related to ICE-designated “priority components,” which are considered critical to facility security and the legal and civil rights of detainees. ODO also 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.

Upon completion of each 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 corrective action plans; 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 PBNDS 2008 MAJOR CATEGORIES

PBNDS 2008 Standards Inspected ⁵	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	2
Sub-Total	2
Part 2 – Security	
Admission and Release	5
Custody Classification System	1
Funds and Personal Property	5
Sexual Abuse and Assault Prevention and Intervention ⁶	0
Special Management Units	0
Staff-Detainee Communication	1
Use of Force and Restraints	2
Sub-Total	14
Part 4 – Care	
Food Service	0
Medical Care	0
Significant Self-harm and Suicide Prevention and Intervention ⁷	1
Sub-Total	1
Part 5 – Activities	
Recreation	0
Religious Practices	1
Telephone Access	5
Visitation	0
Sub-Total	6
Part 6 – Justice	
Grievance Systems	5
Law Libraries and Legal Materials	1
Sub-Total	6
Total Deficiencies	29

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

⁶ The facility is contractually obligated to comply with the requirements of ICE PBNDS 2011 (Revised 2016), Sexual Abuse and Assault Prevention and Intervention.

⁷ The facility is contractually obligated to comply with the requirements of ICE PBNDS 2011 (Revised 2016), Significant Self-harm and Suicide Prevention and Intervention.

DETAINEE RELATIONS

ODO interviewed 14 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

Medical Care: The following four detainees expressed concerns about medical care:

The first detainee stated, she is not getting adequate pain management medication and is only receiving Tylenol and Ibuprofen.

- Action Taken: ODO reviewed the detainee's medical record with senior facility medical staff and determined the detainee arrived at the facility on September 16, 2019. Intake screening revealed a history of gallbladder removal and treatment for chronic pain. The detainee came in with an empty bottle of morphine and told staff she was addicted to morphine. The detainee had a physical examination by a nurse practitioner on September 17, 2019, and was given a course on detoxification from September 17-23, 2019. Additionally, the medication Clonidine was prescribed for that same period. Her last sick call visit was on December 9, 2019, for pain management and the Tylenol and Ibuprofen have been continued. The use of Clonidine for detoxification from opiates in less than 14 days is an accepted medical practice, and the current medications Tylenol and Ibuprofen are appropriate for her current complaints.

The second detainee claimed she was admitted in May 2019 to YCP and went 5 months without her heart medication (Metoprolol). She claims she was hospitalized in October 2019, for her heart issue and is now receiving medication.

- Action Taken: ODO reviewed the detainee's medical record with senior facility medical staff and determined the detainee arrived at the facility on May 18, 2019, was medically screened, and had an initial physical examination on May 28, 2019. The detainee told medical staff at intake that she took the medication Metoprolol when needed, which is a drug used primarily for hypertension and chest pain. The detainee's blood pressure reading at intake was within normal limits. Based on her medical history, medical staff sent three medical record requests to a hospital in Queens, N.Y., regarding the detainee's past treatment. There was no response for the record requests. On October 28, 2019, she was evaluated during an emergency call, was found to have a heart rate of 190, and was sent to York Hospital emergency room, where she was evaluated and returned to YCP with a prescription for Metoprolol 12.5 mg daily; the detainee currently receives this medication daily.

The third detainee stated he had lower back pain and the nurse had given him aspirin to last for 5 days. Subsequently, he submitted a medical request for more aspirin for continued back pain but received no response.

- Action Taken: ODO reviewed his medical record and confirmed the detainee was medically screened at intake on November 13, 2019, with no back-pain complaint. The detainee's first sick call request was submitted on December 15, 2019, for back pain which was treated with Motrin in accordance with nursing protocol. The detainee submitted a

second sick call slip on January 3, 2020, about continued back pain. He was referred to a nurse practitioner per standard practice when treatment provided by a registered nurse on sick call is not effective or the detainee returns with the same complaint. The detainee was treated by medical staff on January 9, 2020, and was again prescribed Motrin and an X-ray was ordered to check his back pain. The results of the X-ray were still pending before ODO departed the facility.

The last detainee complained about the waiting time regarding a request he submitted for a lower bunk bed due to hand and hip discomfort.

- Action Taken: ODO reviewed facility medical records and found there were no medical requests or grievances on file. The detainee arrived on January 4, 2020, but has not yet received his initial physical as of January 7, 2020. The detainee has two fingers on his right hand amputated and it was noted on intake screening, but the detainee did not provide any medical history concerning any hip condition. The detainee was evaluated by a registered nurse on January 7, 2020, and documentation in the medical record indicates he told the nurse he was “not interested” in a lower bunk assignment for his hip discomfort. The nurse had the detainee sign a release of medical records form to obtain the detainee’s previous history of hip problems or past surgery, and he has been scheduled for his initial physical examination by the physician.

Admission and Release: Two female detainees stated they were strip searched when they were admitted into the facility approximately ten months ago.

- Action Taken: ODO reviewed the detainee’s detention files and found documentation indicating three female detainees were processed into the facility as new admissions and strip searches were performed. The rationale was indicated as “new admit.” The area lieutenant and DSM verified that female detainees were being routinely strip searched; however, once supervisory staff became aware, this practice ceased, and an email was issued to staff outlining the requirements of necessary strip searches.

Food Service: Four detainees stated the food portions were too small, repetitive, and did not incorporate enough fruits and vegetables.

- Action Taken: ODO observed breakfast and lunch meals, reviewed the facility menu provided by the food service administrator (FSA), observed the plating of food for both breakfast and lunch meals, and found the meals were prepared and proportioned per the facility menu. The facility’s master cycle menu has been approved by a registered dietician, meets recommended daily allowances, incorporates fruits and vegetables, and meets overall nutritional requirements.

Religious Practices: One detainee claimed he requested a copy of the Quran in Arabic on January 7, 2020, and had not received a response.

- Action Taken: ODO reviewed facility records and found no requests were submitted by the detainee. ODO interviewed the facility chaplain who stated he had not received a request from the detainee but would work to provide the detainee with a copy of the Quran.

Staff-Detainee Communication: One detainee claimed he submitted an ICE request about a court

date in December and received no response.

- Action Taken: ODO reviewed the staff detainee communications log and determined the detainee did receive a response for the request within the required 72-hour timeframe. ODO found the court date was in another county and the detainee was informed the facility must present a writ to ICE for the detainee's custody. Facility staff informed the detainee about following up with deportation officers with any additional questions regarding the request.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO observed the cleaning chemicals used by detainees were in diluted form and logged by detention staff; however, chemical supply lines running to the industrial washers in the facility's laundry room were not encased allowing detainees working in the laundry access to caustic chemical material. (**Deficiency EH&S-1**⁸).

Review of the laundry operations found the laundry carts used to transport the dirty clothing to the laundry are not being disinfected before clean clothes are placed in them for transport back to the living units (**Deficiency EH&S-2**).⁹

SECURITY

ADMISSIONS AND RELEASE (A&R)

Upon arrival, a detainee's personal clothing is inventoried, and a receipt is signed by the detainee and staff. The remaining property is placed in a lockable bin located in the intake hallway, is processed the following morning, and not inventoried or inspected upon arrival to ensure contraband, including hazardous material, does not enter the facility (**Deficiency A&R-1**¹⁰).

ODO observed the admission process at YCJ and found fingerprints are not completed on all detainees admitted into the facility (**Deficiency A&R-2**¹¹).

⁸ "All toxic and caustic materials must be stored in secure areas, in their original containers, with the manufacturer's label intact on each container." See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (VI)(H).

⁹ "The Health Services Department or IGSA equivalent shall assist in the identification and correction of conditions that could adversely impact the health of detainees, employees, and visitors. The sanitarian consultant is responsible for developing and implementing policies, procedures, and guidelines for the environmental health program that are intended to evaluate and eliminate or control as necessary, sources of injuries and modes of transmission of agents or vectors of communicable diseases." See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (V)(A).

¹⁰ "As detailed below, each facility is required to implement written policies and procedures for the intake and reception of newly arrived detainees and to provide them with information about facility policies, rules and procedures. At intake, detainees shall be searched, and their personal property and valuables checked for contraband, inventoried, receipted, and stored. Each detainee's identification documents shall be secured in the detainee's A-file. Medical screening protects the health of the detainee and others in the facility, and the detainee shall be given an opportunity to shower and be issued clean clothing, bedding, towels, and personal hygiene items." See ICE PBNDS 2008, Standard, Admissions and Release, Section (V)(A).

¹¹ "1. All facilities shall have in place a written policy and procedure related to the admissions process, which shall include intake and admissions forms and screening forms. Staff members shall be provided with adequate training on the admissions process at the facility. Admission processes for a newly admitted detainee include, but are not limited to:

- Recording basic personal information;
- Criminal history check;
- Photographing and fingerprinting, including notation of identifying marks or other unusual physical characteristics;

ODO interviewed staff and examined both admissions changing areas and determined detainees are not afforded privacy (**Deficiency A&R-3¹²**). There are two changing areas in intake and neither area provides privacy. One changing area is surrounded by a privacy curtain that does not fully enclose a detainee changing their clothes and the other has a pass through window that is not covered. At any time, a detainee is changing they can be observed by either intake staff, detainee voluntary workers, or anyone passing by the curtain or pass through window.

YCP policy prohibits strip searches unless there is documented suspicion and supervisory approval. ODO reviewed documentation and confirmed with the area lieutenant, and the DSM, that female detainees were strip searched, with the rationale indicated as “new admit” (**Deficiency A&R-4¹³**).

Corrective Action: The DSM sent an email dated December 4, 2019, reminding staff to follow requirements regarding strip searches. ODO found that the use of the strip-searches were discontinued after the email was sent from the DSM (**C-1**).

ODO reviewed the files of ten released detainees and documentation reflects funds, property and valuables are returned to the detainee, he/she signs as receiving the property, and a signed I-203 was available. However, ODO found the local ERO office had not approved the release procedures for YCP (**Deficiency A&R-5¹⁴**).

Corrective Action: Prior to completion of the inspection, the AFOD issued a memorandum on January 8, 2020, approving the release procedures at YCP (**C-2**).

CLASSIFICATION SYSTEM (CS)

ODO’s review of 37 files found 14 files had no documentation of supervisory review of the classification for accuracy and completeness (**Deficiency CS-1¹⁵**).

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- Medical and mental health screenings;
 - Inventory of personal property.” See ICE PBNDS 2008, Standard, Admissions and Release, Section (V)(B)(1).

¹² “Staff shall permit the detainee to change clothing and shower in a private room without being visually observed by staff, unless there is reasonable suspicion to search the detainee in accordance with the section below on Strip Searches and the Detention Standard on **Searches of Detainees**. A staff member of the same gender shall be present immediately outside the room where the detainee changes clothing and showers, with the door ajar to hear what transpires inside. The staff member must be prepared to intervene or provide assistance if he or she hears or observes any indication of a possible emergency or contraband smuggling.” See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(B)(2).

¹³ “Staff shall not routinely require a detainee to remove clothing or require a detainee to expose private parts of his or her body to search for contraband. A strip search must take place in an area that affords privacy from other detainees and from facility staff who are not involved in the search. Observation must be limited to members of the same sex. The articulable facts supporting the conclusion that reasonable suspicion exists should be documented. *During all strip searches, a Form G-1025 (Record of Search) or its equivalent will be completed.*” See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(B)(4)(a).

¹⁴ “Staff must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include completing and processing forms, closing files, fingerprinting; returning personal property; and reclaiming facility-issued clothing, bedding, checking wants and warrants, etc. ICE/DRO shall approve IGSA release procedures.” See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(H).

¹⁵ “Each facility administrator shall require that the facility’s classification system ensures that:

ODO noted an **Area of Concern** that detainee classification information is maintained in various locations throughout the facility to include: the records office, the unit office, and electronically on computers. This practice potentially increases the risk of not having all pertinent information when making a classification level decision.

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO's inspection found the general property room is located [REDACTED] and can be accessed by the [REDACTED] or via [REDACTED]; therefore, the area is accessible by staff other than intake staff (**Deficiency F&PP-1**¹⁶).

Foreign currency and small valuables are inventoried in the presence of the detainee and are placed in a clear tamper proof bag in a safe accessible only by designated staff. The name and contents are written on the bag; however, no Form G-589 or equivalent is completed (**Deficiency F&PP-2**¹⁷).

ODO noted an **Area of Concern** that cellphones, which inherently are valuable, are not treated as small valuables and are stored in the general property room in a paper bag.

ODO observed excess personal property is stored in the property room in mesh bags. ODO found tamper-proof ties are not used, nor is the bag itself tamper-proof (**Deficiency F&PP-3**¹⁸). ODO inspected the housing units and determined detainees do not have securable space for storing authorized property (**Deficiency F&PP-4**¹⁹). Detainees are assigned lockers with no locks or plastic bags for storage. For instance, ODO's tour of dorm I-B-1 found eight detainees had no lockers; however, they had storage bags. ODO's tour of unit I-C-4 found eight detainees with no issued bags.

YCP policy and staff interviews indicate supervisors process valuables during off hours and on weekends. Access to detainee property changes during shift change; however, staff interviews and records review indicate that the on-coming and off-going supervisors do not simultaneously

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- Each detainee's classification shall be reviewed and approved by a classification specialist, first-line supervisor, or classification supervisor." See ICE 2008 PBNDS, Standard, Classification System, Section (V)(A).

¹⁶ "All facilities, at a minimum shall provide:

- A secured locker for holding large valuables, that can be accessed only by designated supervisor(s) and;
- A baggage and property storage area that is secured when not attended by assigned admissions processing staff." See ICE 2008 PBNDS, Standard, Funds and Personal Property, Section (V)(A). **This is a Priority Component.**

¹⁷ "The G-589 shall describe each item of value. Jewelry shall be described in general terms (for example, ring – yellow/white metal with red/white stone), with no mention of brand name or monetary value. The detainee and [REDACTED] processing officers shall sign the G-589, with copies distributed as above. The officers shall then place the valuables (and pink copy of G-589) in a clear envelope, which they shall secure by heat-sealing or other approved techniques for tamper-proofing." See ICE 2008 PBNDS, Standard, Funds and Personal Property, Section (V)(G)(2).

¹⁸ "All detainee luggage and facility containers used for storing detainee personal property shall be secured in a manner that is tamper-resistant (such as by a tamperproof numbered tie strap) and shall only be opened in the presence of the detainee." See ICE 2008 PBNDS, Standard, Funds and Personal Property, Section (V)(I).

¹⁹ "Every housing area shall have lockers or other securable space for storing detainees authorized personal property. The amount of storage space shall correspond to the number of detainees assigned to that housing area." See ICE 2008 PBNDS, Standard, Funds and Personal Property, Section (V)(E)(4).

conduct an audit of property (**Deficiency F&PP-5²⁰**).

SPECIAL MANAGEMENT UNITS (SMU)

ODO noted an **Area of Concern** that ODO requested key data elements from the commander which would demonstrate detainees are transitioned from SMU to less restrictive housing promptly. According to the commander, YCP does not maintain information of detainees previously segregated in SMU. The commander attempted to gather this information; however, based on the information subsequently provided, ODO could not determine the number of detainees housed in SMU during the year preceding the inspection. This information is pertinent for inspection teams to effectively and accurately determine standard compliance.

ODO noted an **Area of Concern** that ODO's review of files found various SMU documents throughout the facility in both hard copy and electronic form at various locations; SMUs, records office, unit office's and electronically on computer. YCP's system of document control is not conducive to an expedient file review as documents are not easily accessible.

STAFF-DETAINEE COMMUNICATION (SDC)

ODO found the facility did not have written procedures in place for routing and delivering detainee requests to the appropriate ICE/ERO officials by authorized personnel without reading, altering, or delaying (**Deficiency SDC-1²¹**).

Corrective Action: Prior to completion of the inspection, ERO and the facility initiated corrective action by developing a memorandum to staff regarding the proper handling of detainee ICE requests by facility personnel (**C-3**).

USE OF FORCE AND RESTRAINTS (UOF&R)

In addition to authorized restraint equipment and the [REDACTED], YCP uses the [REDACTED] and [REDACTED]. ODO interviewed the commander regarding the use of this equipment and device to determine if they had been approved by the local ERO office. ODO found YCP has no written documentation of ERO approval for the use of [REDACTED] or the [REDACTED] (**Deficiency UOF&R-1²²**).

²⁰ "Where physical custody of, or access to, detainee funds, property envelopes, and large valuables changes with facility shift changes, both on-coming and off-going supervisors shall simultaneously conduct an audit of these items. The property and valuables logbook shall record the date, time, and the name of the officer(s) conducting the inventory. Any discrepancies shall be immediately reported to the chief of security, who shall follow facility procedure to ensure that all detainee funds and valuables are accounted for." See ICE 2008 PBNDS, Standard, Funds and Personal Property, Section (V)(J).

²¹ "Detainees may submit written questions, requests, or concerns to ICE/DRO staff, using the detainee request form, a local IGSA form, or a sheet of paper... Each facility administrator shall:

- Have written procedures to promptly route and deliver detainee requests to the appropriate ICE/DRO officials by authorized personnel (not detainees) without reading, altering, or delaying." See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(B). **This is a Priority Component.**

²² "The following restraint equipment is authorized:

- [REDACTED]

Corrective Action: Prior to completion of the inspection, the local ICE ERO approved, by way of a memorandum, the use of [REDACTED] (C-4).

YCP uses [REDACTED] types of audiovisual cameras: [REDACTED]. [REDACTED]. ODO's inspection found all cameras to be fully charged and in working order. However, ODO's observations found the [REDACTED] cameras are not regularly tested to ensure all parts, including batteries, are in working order and post orders do not designate who has the responsibility for maintaining these cameras (**Deficiency UOF&R-2²³**).

ODO noted an **Area of Concern** during the review of UOF packets, ODO found a form titled "York County Prison Use of Force Equipment/Property Reimbursement Form." This form lists various equipment and property charges to be reimbursed when a UOF occurs, such as fees for the use of: [REDACTED]. [REDACTED]. Per contract guidelines, these types of reimbursement costs are prohibitive and should not be a charge a detainee incurs as a result of a UOF.

CARE

MEDICAL CARE (MC)

ODO noted an **Area of Concern** that [REDACTED] of [REDACTED] credential files reviewed found that [REDACTED] professional licenses expired in 2019, and [REDACTED] other licenses, for [REDACTED] dentists, were not primary source verified. The Health Services Administrator produced copies of the [REDACTED] professional licenses and ODO verified the other [REDACTED] licenses were from the state of Pennsylvania.

ODO noted a **Best Practice** the presence of [REDACTED] additional Registered Nurses (RNs), [REDACTED] licensed practical nurse, and a medical records clerk, who are under contract directly with ICE ERO and are not Prime Care Medical or YCP staff. They have a small interview/screening area which is separate from the three clinic areas described in this report. ODO reviewed the professional credentials of these nurses and they were found to have current verified licenses and current

[REDACTED]

Deviations from this list of restraint equipment are strictly prohibited." See ICE PBNDs 2008, Standard, Use of Force and Restraints, Section (V)(L).

²³ "Since audiovisual recording equipment must often be readily available, each facility administrator shall designate and incorporate in one or more post orders responsibility for:

- Maintaining cameras and other audiovisual equipment;
- Regularly scheduled and documented testing to ensure all parts, including batteries, are in working order; and
- Keeping back-up supplies on hand (batteries, tapes or other recording media, lens cleaners, etc.)." See ICE PBNDs 2008, Standard, Use of Force and Restraints, Section (V)(K).

CPR/AED certification. These nurses are at YCP Monday-Friday and they conduct a preliminary medical intake screening for detainees who arrive at the facility. They provide no treatment for detainees; their role is strictly conducting a medical and mental health intake screening and recording initial vital signs. After completion of this preliminary screening, their screening document is forwarded to YCP medical staff who review them prior to conducting a second, more comprehensive medical and mental health intake screening. As a result of this preliminary screening, YCP medical staff receive advance notification of any detainee who has arrived which is identified with special medical needs, significant medical history or a current medical issue, or those taking prescribed medications. These RNs are also involved in checking the medical summary forms for detainees departing YCP on transfer to ensure all required information on the form is completed. In effect, this two-screening process ensures all arriving detainees are screened within 12 hours of arrival.

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSH&SP&I)

ODO reviewed the suicide prevention training for corrections and medical staff. ODO notes medical and mental health staff of Prime Care Medical conduct their own suicide prevention training by on-line course divided into four sections which total eight hours in length. ODO interviewed a training officer, a deputy warden, and reviewed the Suicide Prevention and Intervention training syllabus used at YCP for custody and administrative staff. This training is prepared by the Pennsylvania Department of Corrections with a series of slides and a video. Both the training officer and deputy warden informed ODO this class is two and a half hours in length; however, the facility is contractually obligated to adhere to the PBNDS 2011 Significant Self-Harm and Suicide Prevention and Intervention standard which calls for the training to be a minimum of eight hours instruction (**Deficiency SS-H SP&I-1²⁴**).

ODO noted a **Best Practice** that all detainees housed in any of the 44 mental health beds are also classified by mental health in categories called “stability ratings.” The stability rating is visible on a detainee identification placard on the cell door the detainee is assigned to alerting staff members to the rating. An “A” rating indicates the detainee has had no mental health treatment in the past

²⁴ “All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training, during orientation and at least annually. Initial suicide prevention training for all staff responsible for supervising detainees should consist of a minimum of eight hours of instruction. Subsequent annual suicide prevention training should consist of a minimum of two hours of refresher instruction.

All of the following interests should be incorporated into the required suicide prevention training:

1. Environmental concerns: why the environments of detention facilities are conducive to suicidal behavior.
2. First Aid training: standard first aid training, cardiopulmonary resuscitation (CPR) training and training in the use of emergency equipment (that may be located in each housing area of the detention facility).
3. Liability: liability issues associated with detainee suicide.
4. Recognizing verbal and behavioral cues that indicate potential suicide.
5. Demographic, cultural and precipitating factors of suicidal behavior.
6. Responding to suicidal and depressed detainees.
7. Effective communication between correctional and health care personnel.
8. Necessary referral procedures.
9. Constant observation and suicide-watch procedures.
10. Follow-up monitoring of detainees who have already attempted suicide.
11. Reporting and written documentation procedures.” See ICE PBNDS 2011, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(A). **This is a Priority Component.**

5 years; “B” rating indicates mental health treatment in the past 5 years; “C” rating indicates current mental health needs; and “D” rating indicates the detainee has significant current mental health needs. In addition to this stability rating system, the psychologist has developed a system, approved by the warden, by which any mental health detainee who is charged with a facility rule violation is evaluated by qualified mental health staff. The psychologist recommends whether the detainee is mentally competent to participate in a disciplinary hearing. The psychologist also documents this on a form which is provided to security staff before a hearing is held, which notifies staff if the detainee is competent to participate in the hearing and understands the charges filed against them. There is also a weekly multidisciplinary committee meeting in which the psychologist discusses housing and other issues of those detainees housed in mental health observation or on suicide watch, which is attended by security and administrative staff.

ACTIVITIES

RELIGIOUS PRACTICES (RP)

ODO observed religious service schedules posted on housing unit bulletin boards, which ensured detainees were aware of the schedule of services; however, they were not posted in Spanish (**Deficiency RP-1²⁵**).

TELEPHONE ACCESS (TA)

Facility staff do not inspect telephones daily to ensure systems are operational nor is telephone maintenance information logged (**Deficiency TA-1²⁶**).

The facility does not log, nor does it report identified telephone maintenance issues to ICE staff (**Deficiency TA-2²⁷**). Additionally, the facility does not place a notice at each monitored telephone stating, the procedure for obtaining an unmonitored call to a court, a legal representative, or to obtain legal representation nor does it provide this notice in the next most prevalent language (**Deficiency TA-3²⁸**).

The facility has posted listings for pro-bono services, consulates, embassies, and ICE numbers near the telephones in each unit, but the facility does not post telephone access rules in an area,

²⁵ “The chaplain shall schedule and direct the facility’s religious activities, and current program schedules shall be posted on all unit and detainee bulletin boards in languages understood by a majority of detainees.” *See* ICE PBNDS 2008, Standard, Religious Practices, Section (V)(D).

²⁶ “Each facility shall maintain detainee telephones in proper working order. Designated facility staff shall inspect the telephones daily, promptly report out-of-order telephones to the repair service and ensure that required repairs are completed quickly. This information will be logged. Facility staff is responsible for ensuring on a daily basis that telephone systems are operational.” *See* PBNDS 2008, Standard, Telephone Access, Section (V)(A)(3-4).

²⁷ “Any problems identified must immediately be logged and reported to the appropriate facility and ICE staff personnel.” *See* PBNDS 2008, Standard, Telephone Access, Section (V)(A)(4)(a).

²⁸ “At each monitored telephone, place a notice that states:

- The procedure for obtaining an unmonitored call to a court, a legal representative, or for the purposes of obtaining legal representation
- The notice will be in English, Spanish, and the next most prevalent language at the facility.” *See* PBNDS 2008, Standard, Telephone Access, Section (V)(B).

where detainees can easily see them or in a language they can understand (**Deficiency TA-4²⁹**). Furthermore, the facility does not post updated OIG posters in the detainee housing units (**Deficiency TA-5³⁰**).

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO found facility general grievance response times were set at 5-10 days and appeal response times were set at within 21 days from the receipt of an appeal which both exceed the mandatory five days. Detainees unsatisfied with the determination made may first appeal their grievance to the Deputy Warden of Centralized Services and then to the York County Solicitor. ODO determined the facility administrator, or designee, does not provide detainees a written decision within five days of receiving an appeal (**Deficiency GS-1³¹**). ODO found that written grievances, that cannot be resolved to the satisfaction of detainees, are not acted upon within five working days of receipt when referred to the next level of supervision or the appropriate department head (**Deficiency GS-2³²**).

ODO determined the Grievance Coordinators do not provide detainees a written decision no later than fifteen working days after receipt of the detainee's appeal and do not include an explanation for delays in decisions. Additionally, the facility does not allow detainees to appeal the grievance directly to the facility administrator if the detainee does not receive a written response within that 15-day time frame (**Deficiency GS-3³³**). Although the facility grievance coordinators track and maintain detainee general and medical grievances electronically in their files, ODO noted copies of the grievances were not in all detainee detention files which are separately maintained by the YCP records department (**Deficiency GS-4³⁴**).

²⁹ "Each facility shall provide telephone access rules in writing to each detainee upon admission, and also post these rules where detainees may easily see them in a language they understand." See PBNDS 2008, Standard, Telephone Access, Section (V)(C).

³⁰ "The FOD will ensure that all information is kept current and provided to each facility. Updated lists need to be posted in the detainee housing units.

- Office of the Inspector General of the U.S. Department of Homeland Security...." See PBNDS 2008, Standard, Telephone Access, Section (V)(E). **This is a Priority Component.**

³¹ "In all instances detainees must receive written decisions about their appeals within reasonable and specified time limits....

- *The facility administrator, or designee, shall provide the detainee a written decision within five days of receiving the appeal.*" See ICE PBNDS 2008, Standard, Grievance System, Section (V)(D)(2).

³² "The facility administrator, or designee, shall allow a detainee to submit a formal, written grievance to a single designated grievance officer or the facility's grievance committee....

- That person shall act on the grievance within five working days of receipt." See ICE PBNDS 2008, Standard, Grievance System, Section (V)(C)(3)(2)(f). **This is a Repeat Deficiency.**

³³ "Every facility shall implement procedures that provide detainees at least one level of appeal and ensure that they receive written decisions about their appeals within reasonable and specified time limits.... Ordinarily, the GO or DGC shall provide the written decision no later than fifteen working days after receipt of the detainee's appeal. If that time frame is exceeded, the GO or DGC shall include in the written decision an explanation for the delay. If a detainee does not receive a written response within that 15-day time frame, he or she may appeal the grievance directly to the facility administrator." See ICE PBNDS 2008, Standard, Grievance System, Section (V)(D)(1).

³⁴ "A copy of the grievance disposition shall be placed in the detainee's detention file and provided to the detainee." See ICE PBNDS 2008, Standard, Grievance System, Section (V)(E).

Corrective Action: Prior to completion of the inspection, YCP staff added copies of reviewed grievances to detainee detention files (C-5).

ODO found designated facility medical staff do not consistently act on grievances responding to detainees within five working days of receipt (**Deficiency GS-5³⁵**).

LAW LIBRARIES AND LEGAL MATERIAL (LL&LM)

ODO found the local detainee handbook has the policies and procedures governing access to legal materials. However, these policies and procedures were not posted in all law libraries used by detainees (**Deficiency LL&LM-1³⁶**).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 15 standards under PBNDS 2008 and two standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with six of those standards. ODO found 29 deficiencies in the remaining 11 standards. ODO commends facility staff for their responsiveness during this inspection and notes there were five instances where staff initiated immediate corrective action during the inspection. ODO recommends the local ERO field office work with the facility to remedy any outstanding deficiencies as applicable and in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2017 (PBNDS 2008)	FY 2020 (PBNDS 2008)
Standards Reviewed	15	17
Deficient Standards	9	11
Overall Number of Deficiencies	21	29
Deficient Priority Components	3	4
Repeat Deficiencies	1	2
Corrective Actions	3	5

³⁵ “Formal written grievances regarding medical care shall be submitted directly to medical personnel designated to receive and respond to medical grievances at the facility....

c. Designated medical staff shall act on the grievance within five working days of receipt and provide the detainee a written response of the decision and the rationale. This record should be maintained per Section E “Record-Keeping and File Maintenance.” See ICE PBNDS 2008, Standard, Grievance System, Section (V)(C)(3)(2)(c). **This is a Repeat Deficiency.**

³⁶ “The Detainee Handbook or supplement shall provide detainees with the rules and procedures governing access to legal materials.... These policies and procedures shall also be posted in the law library along with a list of the law library’s holdings.” See ICE PBNDS 2008, Standard, Law Libraries and Legal Material, Section (V)(O).