



**U.S. Department of Homeland Security**  
U.S. Immigration and Customs Enforcement  
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Washington, DC 20536-5501

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Office of Detention Oversight  
Compliance Inspection

Enforcement and Removal Operations  
ERO Philadelphia Field Office

York County Prison  
York, Pennsylvania

March 22-26, 2021

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

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## COMPLIANCE INSPECTION TEAM MEMBERS



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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 March 22 to 26, 2021.<sup>1</sup> The facility opened in 1979, is owned by York County, and operated by the York County Prison Board of Inspectors. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at YCP in 1994 under the oversight of ERO’s Field Office Director (FOD) in Philadelphia. The facility operates under the Performance-Based National Detention Standards (PBNDS) 2008.

ERO has assigned a supervisory detention and deportation officer (SDDO), deportation officers, and a detention service manager to the facility. A facility warden handles daily facility operations and manages █████ support personnel. YCP facility staff provides food services, PrimeCare Medical Inc. provides medical care, and Keefe Commissary provides commissary services at the facility. The facility holds no accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	800
Average ICE Detainee Population <sup>3</sup>	████
Male Detainee Population (as of 3/22/2021)	████
Female Detainee Population (as of 3/22/2021)	████

During its last inspection in FY 2020, ODO found 29 deficiencies in the following areas: Environmental Health and Safety (2); Admission and Release (5); Custody Classification System (1); Funds and Personal Property (5); Staff-Detainee Communication (1); Use of Force and Restraints (2); Significant Self-Harm and Suicide Prevention and Intervention (1); Religious Practices (1); Telephone Access (5); Grievance Systems (5); and Law Libraries and Legal Material (1).

<sup>1</sup> This facility holds male and female detainees with low, medium-low, medium-high and high-security classification levels for periods greater than 72 hours.

<sup>2</sup> Data Source: ERO Facility List Report as of March 22, 2021.

<sup>3</sup> *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.<sup>4</sup>

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO also highlights instances in which 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.

ODO was unable to conduct a full on-site inspection of this facility, as a result of the COVID-19 pandemic and instead, conducted a partial on-site inspection of the facility. During this partial on-site inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

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<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2008 MAJOR CATEGORIES

PBNDS 2008 Standards Inspected <sup>5</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Emergency Plans	1
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 2 – Security</b>	
Admission and Release	3
Classification System	0
Facility Security and Control	2
Funds and Personal Property	2
Population Counts	0
Special Management Units	3
Staff-Detainee Communication	0
Use of Force and Restraints	2
<b>Sub-Total</b>	<b>12</b>
<b>Part 3 – Care</b>	
Food Service	0
Hunger Strikes	0
Medical Care	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 4 – Activities</b>	
Religious Practices	0
Telephone Access	1
<b>Sub-Total</b>	<b>1</b>
<b>Part 5 – Justice</b>	
Grievance System	1
Law Libraries and Legal Material	2
<b>Sub-Total</b>	<b>3</b>
<b>Other Standards Inspected</b>	
PBND 2011 (Revised 2016) Sexual Abuse and Assault Prevention and Intervention	0
PBND 2011 (Revised 2016) Significant Self-harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>17</b>

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

## DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. Two of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO conducted eight detainee interviews face-to-face and four detainee interviews via video teleconference.

*Admission and Release:* Three detainees stated YCP's facility staff conducted strip searches on them. Two out of three detainees noted the facility strip-searched them before they were placed into segregation. The other detainee noted the facility strip-searched her upon arrival to the facility and before the facility placed her into segregation.

- Action Taken: ODO interviewed the admission and release supervisor, reviewed the detainees' records, and found the facility strip-searched two of the detainees prior to placing the detainees into a segregation unit. In both instances, the facility documented facility staff conducted the strip-searches due to the detainees' suspicious behavior and the concern the detainees could take contraband into the segregation unit. ODO found no records indicating the facility conducted a strip-search of the third detainee. Additionally, ODO was unable to find any documentation stating the facility placed the detainee into segregation. ODO also spoke with the SDDO regarding the strip-searches and confirmed ERO routinely reviewed the strip-search documentation to ensure compliance with the "reasonable suspicion" requirement.

*Food Service:* Ten out of the twelve detainees interviewed by ODO stated the facility's food menu lacked appropriate amounts of fruits and vegetables. The detainees also noted the portion sizes were often too small.

- Action Taken: ODO interviewed YCP's food service manager, reviewed the facility's 4-week-cycle food menu and the nutritional analysis statement, and found the food menu was varied and nutritionally adequate. ODO also reviewed the facility's posted food menu for the week of the inspection and found the facility served fruit in 14 out of 21 meals and vegetables in 14 of 21 meals. The dietitian's review of the food menu indicated portion sizes were nutritionally adequate.

*Medical Care:* One detainee stated she had a toothache and requested to see a dentist for a possible filling. She stated the facility informed her she has two options, take medications or remove her tooth. The detainee stated she did not want her tooth removed but to have her cavity filled.

- Action Taken: ODO spoke with the facility's director of nursing and reviewed the detainee's file. ODO noted the detainee arrived at the facility on July 26, 2018, and underwent her dental screening with no stated issues. According to the detainee's medical records, she had not placed a request to see a dentist since July 1, 2019, when she first reported her tooth pain. The facility provided her with special toothpaste for the discomfort, and the detainee has not grieved the issue since that time. Additionally, the facility's dental staff saw the detainee twice since that time for a yearly dental checkup on July 3, 2019 and July 23, 2020, and the detainee reported no dental issues. At ODO's request, the facility submitted a referral for the detainee to see the dentist on March 26, 2021.

*Medical Care:* One detainee stated he has unresolved medical issues since his arrival at the facility in mid-December 2020. On February 23, 2021, the detainee stated an outside provider saw him and referred him to another provider, but the facility had not set up the appointment.

- Action Taken: ODO interviewed the health services administrator (HSA), reviewed the detainee's medical record, and found the detainee arrived at the facility on December 14, 2020. On December 21, 2020, during his health appraisal, medical staff found the detainee had an infection in his genital region. As a result, the facility referred the detainee for a urology consultation, prescribed him antibiotics, and recommended medical staff see him routinely until his urology appointment. On February 23, 2021, the detainee met with the urologist and the urologist recommended surgery by a plastic surgeon. On March 19, 2021, ICE approved the detainee's surgery, and at the time of the ODO inspection, the facility was in the process of scheduling the surgery. On March 24, 2021, the HSA advised the detainee of the pending surgery.

*Medical Care:* One detainee stated the facility's medical services were subpar. The detainee stated she had seizures and had missed her medical appointment with an outside provider because the facility did not take her to her appointment.

- Action Taken: ODO interviewed the HSA, reviewed the detainee's medical record, and found she arrived at the facility on July 26, 2018. The detainee had a history of seizures, for which she regularly received medications. The facility enrolled her in chronic care and the facility medical staff subsequently evaluated her every 30 days. The facility scheduled the detainee for regular visits with outside neurology services; her last appointment was on February 8, 2021, for a routine evaluation and an electroencephalogram. On March 25, 2021, ODO spoke with the detainee and informed her the facility had scheduled her next appointment, which is to occur in the next few months.

*Religious Practices:* One detainee stated he wanted a Halal diet, but the facility did not provide him with one.

- Action Taken: ODO spoke with the facility's chaplain and advised him of the detainee's concerns regarding his request for a religious diet. On March 25, 2021, the chaplain spoke with the detainee and had him complete the Authorization for Common Fare Participation form as well as a request to participate in the upcoming Ramadan religious fasting. The chaplain stated he would approve both of the detainee's requests for a common fare diet and observing Ramadan.

*Sexual Abuse and Assault Prevention and Intervention:* One detainee stated a county inmate sexually assaulted him when the inmate touched him on the buttocks. The detainee told the inmate he did not appreciate the physical contact and it was unacceptable. The detainee stated he did not inform ERO Philadelphia or the facility regarding the issue and the county inmate had since left the facility.

- Action Taken: ODO interviewed the detainee and confirmed he was unaware of how to report a sexual assault incident. ODO informed the detainee of the procedures for reporting sexual assault or abuse and immediately reported the incident to ERO



Philadelphia, the facility leadership, and the facility's prison rape elimination act coordinator for further investigation. On March 22, 2021 and March 23, 2021, the facility and ERO Philadelphia interviewed the detainee, who declined mental health and medical services.

*Staff-Detainee Communication:* One detainee stated he did not receive any responses from ERO Philadelphia for a number of his submitted ICE requests.

- Action Taken: ODO spoke with the SDDO assigned to the facility regarding the detainee's complaint as well as reviewed the ICE request log for the detainee's requests. ODO found the detainee submitted two ICE requests, and ERO Philadelphia responded to both requests within the required 72 hours. On March 23, 2021, at ODO's request, the SDDO spoke with the detainee, at which time the detainee stated he had to wait for the facility to approve a medical procedure. The SDDO informed the detainee the medical procedure required a consultation, which the facility approved and was in the process of scheduling.

*Other Issues:* One detainee stated a county inmate assaulted him during an altercation regarding the use of the facility's electronic tablets. The detainee stated he did not report the incident to the facility nor ERO Philadelphia despite being concerned for his safety, because he was still in the unit with his alleged assaulter.

- Action Taken: ODO advised the facility and ERO Philadelphia of the incident between the detainee and the county inmate. On March 23, 2021, the facility spoke with both individuals and the detainee stated he no longer had a problem with the county inmate. On March 25, 2021, at ODO's request, the facility spoke with the detainee again, and he again stated things were calm in the dorm and he did not want to move from the unit. The facility also spoke with the county inmate to reaffirm the facility-issued electronic tablets were for everyone's use and the facility would not accept any altercations over their use.

# COMPLIANCE INSPECTION FINDINGS

## SAFETY

### EMERGENCY PLANS

ODO reviewed the facility's emergency plans and noted there were no procedures for rendering emergency assistance to other ICE/ERO facilities (**Deficiency EP-7<sup>6</sup>**).

### ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO interviewed the facility's safety manager, reviewed the facility's policy, and found the facility has a Fire Emergency Response Team (FERT), which is specially trained to handle fire emergencies, rescue emergencies, hazardous materials emergencies, and any other related emergencies. Most notably, the facility's FERT staff completed the Pennsylvania Department of Corrections Fire Emergency Response Team training conducted at the Pennsylvania State Fire Academy or a program the prison administration approved within their first 12 months of membership on the team. For providing this additional training to all FERT members, ODO considered the program a **Best Practice**.

## SECURITY

### ADMISSION AND RELEASE (AR)

ODO reviewed 12 detainee files and noted 4 out of 12 files were missing the Order to Detain or Order to Release (Form I-203), and ERO Philadelphia did not sign Form I-203s in 3 out of 12 files (**Deficiency AR-51<sup>7</sup>**).

ODO interviewed the intake supervisor and noted the facility did not conduct a question-and-answer session after the detainees viewed the facility's orientation video (**Deficiency AR-66<sup>8</sup>**).

ODO reviewed four detainee release files and noted one out of four files was missing the Form I-203. Additionally, ERO Philadelphia did not sign the Form I-203s in two out of four files (**Deficiency AR-77<sup>9</sup>**).

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<sup>6</sup> "Each plan shall include procedures for rendering emergency assistance to another ICE/DRO facility, for example, supplies, transportation, and temporary housing for detainees, personnel, and/or TDY staff." *See* ICE PBNDS 2008, Standard, Emergency Plans, Section (V)(C)(1)(a).

<sup>7</sup> "An Order to Detain or Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/DRO Authorizing Official signature, must accompany each newly arriving detainee." *See* ICE PBNDS 2008, Standard, Admission and Release, Section (V)(E).

<sup>8</sup> "Following the video, staff shall conduct a question-and-answer session." *See* ICE PBNDS 2008, Standard, Admission and Release, Section (V)(F).

<sup>9</sup> "A detainee's out-processing begins when release processing staff receive the Form I-203, "Order to Detain or Release," signed by an authorizing official." *See* ICE PBNDS 2008, Standard, Admission and Release, Section (V)(H)(1).

## CLASSIFICATION SYSTEM (CS)

ODO interviewed the intake supervisor and reviewed 12 detainee files. ODO found ERO Philadelphia classified detainees prior to their arrival at the facility and ERO Philadelphia provided the detainees' classification levels to the facility on the Form I-203s. During intake processing, detainees were pre-classified based on available information, which may sometimes only include a review of their past criminal record. After intake processing, the facility escorted detainees to the housing units where the facility housed them with other detainees. The facility staff completed an in-depth detainee classification 1-4 days after the detainees' arrival. ODO notes the facility not completing the classification review during the admissions process as an **Area of Concern**.

## FACILITY SECURITY AND CONTROL (FSC)

ODO spoke with the facility chief of intelligence, reviewed the facility's visitor register, and found the facility did not require visitors to list the detainee's A-number, relationship to the detainee, nor immigration status on the visitor register (**Deficiency FSC-19<sup>10</sup>**).

ODO interviewed the facility's chief of intelligence and determined the facility's maintenance supervisor and chief of security did not check the facility fences monthly (**Deficiency FSC-98<sup>11</sup>**).

## FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed photographs of detainee's stored property, interviewed the property supervisor, and found none of the housing units had lockers nor other securable spaces for storing detainees authorized personal property (**Deficiency FPP-26<sup>12</sup>**). **This is a repeat deficiency.**

ODO reviewed photographs of detainee's stored property, interviewed the property supervisor, and found the containers the facility used to store detainees' personal property were not securable (**Deficiency FPP-56<sup>13</sup>**).

## SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed nine administrative detention orders and found nine out of nine orders did not indicate the date nor time the facility released the detainees (**Deficiency SMU-105<sup>14</sup>**).

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<sup>10</sup> "The entry for a person visiting a detainee shall also include the name and A-number of the detainee being visited, along with the visitor's relationship to the detainee, immigration status, and address." See ICE PBNDS 2008, Standard, Facility Security and Control, Section (V)(C)(1)(b)(3).

<sup>11</sup> "The facility maintenance supervisor and chief of security shall check the fence monthly, documenting the results in the shift supervisor's daily log." See ICE PBNDS 2008, Standard, Facility Security and Control, Section (V)(F)(2)(4).

<sup>12</sup> "Every housing area shall have lockers or other securable space for storing detainees' authorized personal property." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(E).

<sup>13</sup> "All detainee luggage and facility containers used for storing detainee personal property shall be secured in a manner that is tamper-resistant." See ICE PBNDS 2008, Standard Funds and Personal Property, Section (V)(I).

<sup>14</sup> "When the detainee is released from the SMU, the releasing officer shall indicate date and time of release on the Administrative Segregation Order." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(C)(2)(g).

ODO reviewed seven YCP SMU - behavior adjustment unit (BAU) Housing Record forms and noted the facility medical staff had not signed seven out of seven forms (**Deficiency SMU-154**<sup>15</sup>).

ODO reviewed seven segregation packets and noted in seven out of seven packets, the facility did not store the administrative nor disciplinary segregation orders, nor supporting documentation with the YCP SMU-BAU Housing Record forms (**Deficiency SMU-158**<sup>16</sup>).

### **USE OF FORCE AND RESTRAINTS (UOFR)**

ODO reviewed 13 use-of-force (UOF) incidents and found in 13 out of 13 incidents, the HSA did not participate in the after-action review (**Deficiency UOFR-142**<sup>17</sup>).

ODO reviewed 13 UOF incidents and found in 6 out of 13 incidents, the after-action review team did not convene on the workday after the incident (**Deficiency UOF&R-143**<sup>18</sup>).

### **ACTIVITIES**

#### **TELEPHONE ACCESS (TA)**

ODO interviewed the YCP compliance manager and found the facility staff did not consistently check the telephones daily, nor did they log any checks that occurred (**Deficiency TA-8**<sup>19</sup>). **This is a repeat deficiency.**

*Corrective Action:* Prior to the completion of the inspection, the facility's compliance manager disseminated a memorandum, effective March 24, 2021, requiring staff to inspect all detainee telephones daily and to log the results of those telephone inspections (**C-1**).

### **JUSTICE**

#### **GRIEVANCE SYSTEM (GS)**

ODO reviewed YCP's grievance log, spoke with the grievance committee, and found the next level of supervision or appropriate department head did not provide a response to 5 out of 10 detainee

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<sup>15</sup> "The facility medical officer shall sign each individual's record when he or she visits a detainee in the SMU." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(E)(3)(b).

<sup>16</sup> "Upon a detainee's release from the SMU, the releasing officer shall attach the entire housing unit record related to that detainee to either the Administrative Segregation Order or Disciplinary Segregation Order..." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(E)(3)(d).

<sup>17</sup> "The facility administrator, the assistant facility administrator, the Field Office Director's designee, and the Health Services Administrator shall conduct the After-Action Review." See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(P)(2).

<sup>18</sup> "This four-member After-Action Review team shall convene on the workday after the incident." See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(P)(2).

<sup>19</sup> "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." See ICE PBNDS 2008, Standard, Telephone Access, Section (V)(A)(3).

grievances within 5 working days, which is a repeat deficiency (**Deficiency GS-58<sup>20</sup>**). **This is a repeat deficiency.**

## LAW LIBRARIES AND LEGAL MATERIAL (LLM)

ODO spoke with the facility's library coordinator and found the facility did not grant detainees with large amounts of legal material stored in personal property access to their documents within 24 hours (**Deficiency LLLM-54<sup>21</sup>**).

ODO reviewed YCP's detainee handbook and found it did not provide detainees with the procedure for notifying an employee about missing or damaged library materials (**Deficiency LLLM-73<sup>22</sup>**).

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under PBNS 2008, 2 standards under PBNS 2011 (Revised 2016) and found the facility in compliance with 11 of those standards. ODO found 17 deficiencies in the remaining 9 standards. ODO commends facility staff for their professionalism and responsiveness during this inspection and notes there was one instance where the facility's staff initiated immediate corrective action during the inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2020 PBNS 2008/ PBNS 2011 (Revised 2016)</b>	<b>FY 2021 PBNS 2008/ PBNS 2011 (Revised 2016)</b>
Standards Reviewed	17	20
Deficient Standards	11	9
Overall Number of Deficiencies	29	17
Repeat Deficiencies	2	3
Areas of Concern	4	1
Corrective Actions	5	1

<sup>20</sup> "That person shall act on the grievance within five working days of receipt..." See ICE PBNS 2008, Standard, Grievance System, Section (V)(C)(3)(2)(f).

<sup>21</sup> "For a detainee with a large amount of personal legal material, the facility: Shall grant requests for access as soon as feasible, but not later than 24 hours after receipt of the request, unless documented security concerns preclude action within that time frame." See ICE PBNS 2008, Standard, Law Libraries and Legal Materials, Section (V)(K).

<sup>22</sup> "The Detainee Handbook or supplement shall provide detainees with the rules and procedures governing access to legal materials, including the following information: The procedure for notifying a designated employee that library material is missing or damaged." See ICE PBNS 2008, Standard, Law Libraries and Legal Materials, Section (V)(O)(6).