



U.S. Department of Homeland Security
Immigration and Customs Enforcement
Office of Professional Responsibility
ICE Inspections
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**Office of Detention Oversight
Compliance Inspection**

**Enforcement and Removal Operations
ERO Philadelphia Field Office**

**Berks County Residential Center
Leesport, Pennsylvania**

June 7-9, 2022

COMPLIANCE INSPECTION
of the
BERKS COUNTY RESIDENTIAL CENTER
Leesport, 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 Berks County Residential Center (BCRC) in Leesport, Pennsylvania, from June 7 to 9, 2022.¹ The facility opened in 2001 and is owned and operated by Berks County. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at BCRC in 2001 under the oversight of ERO’s Field Office Director in ERO Philadelphia. In November 2021, BCRC stopped housing family units and now housed adult females only. The facility operates under the Family Residential Standards (FRS) 2020.

ERO has assigned one supervisory detention and deportation officer and three detention officers to the facility. An executive director handles daily facility operations and manages support personnel. Cura provides food services, ICE Health Services Corps provides medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the Juvenile and Family Residential Management Unit in March 2017. In February 2020, BCRC was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA certified.

Capacity and Population Statistics	Quantity
ICE Resident Bed Capacity ²	
Average ICE Resident Population ³	
Male Resident Population (as of June 7, 2022)	
Female Resident Population (as of June 7, 2022)	

During its last inspection, in Fiscal Year (FY) 2021, ODO found five deficiencies in the following areas: Admission and Release (1); Food Service (2); and Funds and Personal Property (2).

¹ This facility holds female detainees with security classification levels for periods greater than 72 hours.

² Data Source: ERO Facility List as of June 6, 2022.

³ *Ibid.*

⁴ The facility’s FY 2021 average daily population (ADP) was seven, which is why ODO scheduled the facility for a Special Review instead of two inspections in FY 2022.

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an ADP greater than 10, 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.⁵

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.

Beginning fiscal year (FY) 2022, ODO will conduct focused reviews of under 72-hour ICE detention facilities with an ADP of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1-9 detainees. Additionally, ODO will conduct unannounced inspections of ICE detention facilities, regardless of detainee ADP, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facility inspections will result in an ODO Inspection Compliance Rating. ODO will conduct a complete review of several core standards, in accordance with the facility’s new contractually required ICE National Detention Standards, which include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Special Management Units, Educational Policy (FRS only), Behavior Management (FRS only), Admission and Release, Classification, and Funds and Personal Property.

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 its decision-making to better allocate resources across the agency’s entire detention inventory.

⁵ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY FAMILY RESIDENTIAL STANDARDS 2020 MAJOR CATEGORIES

FRS 2020 Standards Inspected ^{6,7}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	1
Sub-Total	1
Part 2 - Security	
Sexual Abuse and Assault Prevention and Intervention	0
Staff-Resident Communication	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Hunger Strikes	1
Health Care	0
Health Care (Females)	0
Significant Self-harm and Suicide Prevention and Intervention	1
Sub-Total	2
Part 5 - Activities	
Housekeeping Program	0
Sub-Total	0
Part 6 - Justice	
Grievance System	0
Sub-Total	0
Part 7 - Administration and Management	
Resident Files	0
Post Orders	0
Sub-Total	0
Total Deficiencies	3

⁶ For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

⁷ Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

DETAINEE RELATIONS

ODO interviewed 6 out of 21 residents, who each voluntarily agreed to participate. None of the residents made allegations of discrimination, mistreatment, or abuse. Most residents reported satisfaction with facility services except for the concern listed below.

Staff-Resident Communication: One resident stated she received no response from ERO Philadelphia after asking a week earlier about the location of her husband.

- Action Taken: ODO informed the ERO Philadelphia staff of the resident's request. ODO found the resident submitted a request to ERO Philadelphia to call her husband on June 2, 2022, and her case officer contacted ERO New Orleans where her husband is detained to arrange a call. However, ERO New Orleans did not follow-up on the phone call request. At ODO's request, ERO Philadelphia contacted ERO New Orleans on June 8, 2022, and the resident spoke with her husband on that same day.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed emergency exit diagrams throughout the facility and found no identification and explanation for "Areas of Safe Refuge" (**Deficiency EHS-103⁸**).

CARE

HUNGER STRIKES (HS)

ODO reviewed [REDACTED] nonmedical staff training files and found in [REDACTED] out of [REDACTED] files, no documentation for annual training on recognizing the signs of a hunger strike and implementing the procedures for medical assessment and management of a resident on a hunger strike (**Deficiency HS-1⁹**).

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

ODO reviewed 25 nonmedical staff training files and found in [REDACTED] out of [REDACTED] files, no documentation of annual suicide prevention training (**Deficiency SSHSPI-8¹⁰**).

⁸ "Areas of Safe Refuge will be identified and explained on diagrams." See ICE FRS, Standard, Environmental Health and Safety, Section (C)(5).

⁹ "All staff will be trained initially and annually thereafter to recognize the signs of a hunger strike, and to implement the procedures for referral for medical assessment and for management of a resident on a hunger strike." See ICE FRS, Standard, Hunger Strikes, Section (A).

¹⁰ "All Center staff members who interact with and/or are responsible for residents will receive comprehensive suicide prevention training, during orientation and at least annually." See ICE FRS, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (B).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 12 standards under the FRS 2020 and found the facility in compliance with 9 of those standards. ODO found three deficiencies in the remaining three standards. ODO commends facility staff members for their responsiveness during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the uniform corrective action plan for ODO's last inspection of BCRC in April 2021.

Compliance Inspection Results Compared	FY 2021 (FRS 2020)	FY 2022 (FRS 2020)
Standards Reviewed	13	12
Deficient Standards	3	3
Overall Number of Deficiencies	5	3
Repeat Deficiencies	2	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	N/A	Superior