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Office of Professional Responsibility

Inspections and Detention Oversight

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**Office of Detention Oversight
Compliance Inspection**

**Enforcement and Removal Operations
Atlanta Field Office
York County Detention Center
York, South Carolina**

March 12 – 14, 2013

**COMPLIANCE INSPECTION
YORK COUNTY DETENTION CENTER
ATLANTA FIELD OFFICE**

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EXECUTIVE SUMMARY

The Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO) conducted a Compliance Inspection (CI) of the York County Detention Center (YCDC) in York, South Carolina, from March 12 to 14, 2013. The facility opened in March 1995, and began housing ICE detainees in October 2007. The 149,000 square foot facility is owned by York County, and operated by the York County Sheriff's Department. The facility accommodates up to 565 beds, 100 of which are designated for ICE male and female detainees. There were no female ICE detainees held at the facility at the time of the CI.

YCDC has an Intergovernmental Service Agreement with ICE to house immigration detainees. YCDC houses male and female ICE detainees using four classification levels, Level I (low), Level II-L (medium low), Level II-H (medium high), and Level III (high) for over 72 hours. The average daily detainee population for fiscal year 2012 was 48 males and three females. The average length of stay for ICE detainees in 2012 was 3.6 days. During this CI, the facility housed 41 male ICE detainees. YCDC is not accredited by any professional organizations.

The ERO Field Office Director in Atlanta, Georgia, (ERO Atlanta) is responsible for ensuring facility compliance with ICE policies and the ICE National Detention Standards (NDS). (b)(7)e ERO staff members are assigned to YCDC: an Assistant Field Office Director (b)(7)e Supervisory Detention and Deportation Officers, (b)(7)e oversees the 287(g) program and the other oversees the detention and classification of detainees; and (b)(7)e Immigration Enforcement Agents (IEA). (b)(7)e IEA manages all ICE detention and case management matters at YCDC. A Detention Services Manager is not assigned to monitor facility compliance with the NDS at YCDC.

The Chief Administrator is the highest-ranking official at YCDC, and is responsible for oversight of daily operations. In addition to the Chief Administrator, there are (b)(7) sworn staff, (b)(7) non-sworn staff, and (b)(7) contracted staff members employed at YCDC. During the CI, there were (b)(7)e vacancies (b)(7)e correctional officers and (b)(7)e licensed practical nurse.

In August 2012, ERO Detention Standards Compliance Unit contractor, The Nakamoto Group, Inc., conducted an annual review of the NDS at YCDC. The facility received an overall recommended rating of "Acceptable," and was found compliant with 35 standards reviewed, with three standards deemed "Not Applicable."

This is the first ODO inspection of YCDC. During the CI, ODO reviewed 24 NDS, and found YCDC fully compliant with 12 standards. ODO found 26 deficiencies in the following 12 standards: Access to Legal Material (1 deficiency); Detainee Grievance Procedures (1); Environmental Health and Safety (7); Key and Lock Control (3); Medical Care (7); Recreation (1); Security Inspections (1); Special Management Unit-Administrative Segregation (1); Special Management Unit-Disciplinary Segregation (1); Suicide Prevention and Intervention (1); Terminal Illness, Advanced Directives, and Death (1); and Visitation (1).

This report details all deficiencies and refers to the specific, relevant sections of the NDS. ERO will be provided a copy of this report to assist in developing corrective actions to resolve all identified deficiencies. These deficiencies were discussed with ERO and YCDC staff on-site during the inspection, and during the closeout briefing conducted on March 14, 2013.

YCDC's inmate handbook does not notify detainees of the scheduled hours of access to the law library, the procedure for requesting additional time, the procedure for requesting legal reference materials not maintained in the law library, or the procedure for notifying a designated employee that library material is missing or damaged.

The grievance system at YCDC allows detainees to file informal, formal, and emergency grievances, and to appeal grievance decisions. YCDC staff encourages detainees to resolve their grievances at the lowest level possible. YCDC's Grievance Coordinator, who maintains a grievance logbook, reported there were no informal or formal grievances filed in the last two years. ODO found the inmate handbook does not contain information concerning ICE detainees being able to appeal a grievance decision or file a complaint about officer misconduct directly with the Department of Homeland Security, Office of Inspector General.

Inventories were not maintained for substances stored in two flammables cabinets in the maintenance area. Gallon cans of paint and small propane cylinders were found on open shelves and on the floor of the maintenance area. The master index of hazardous substances did not include the locations where the substances are stored, or the required listing of emergency telephone numbers. Emergency exit diagrams were not posted in a number of areas, including the detainee housing area, corridors outside the housing area, the booking area, the laundry area, and the library. The diagrams that were posted in the facility were only printed in English, and did not include "You Are Here" markings. Barbering is conducted in an open area of the housing unit or in the booking area, and the required hair care sanitation regulations are not posted in these areas.

ODO found the Assistant Chief is responsible for all the administrative duties related to key and lock control, but those duties are not documented in the position description. Through interviews and documentation review, ODO found the Assistant Chief does not maintain records concerning locks or locking devices, and locks throughout the facility were not included on any inventory. Interviews with the Assistant Chief and county maintenance staff revealed there is no preventive maintenance program for the key and lock control program.

ODO found two cases where health appraisals were not conducted within 14 days of arrival. During a review of records for documentation of required tuberculosis (TB) testing, ODO found two cases where detainees did not undergo screening by way of purified protein derivative (PPD) or chest x-ray (CXR) upon admission. ODO found an instance where a detainee was admitted into the general population before his positive PPD results were properly addressed. In another two cases, ODO found detainees did not receive follow-up CXRs for 96 hours and 15 days, respectively, following positive PPDs. ODO found completed sick call requests are given directly to correctional staff for entry into the electronic Jail Management System, exposing the detainee's medical information. ODO found the Medication Administration Log (MAL) is not the same as the Medication Administration Record, and the MAL does not adequately document distribution of medications in accordance with provider orders. ODO reviewed training records for all healthcare and (b)(7) randomly-selected correctional staff, and found (b)(7)e medical and (b)(7)e correctional staff member did not have current certifications in cardiopulmonary resuscitation, first aid, and use of an automated external defibrillator.

ODO found YCDC does not have a designated individual responsible for recreation. According to YCDC staff, the housing unit officers coordinate and oversee the daily recreational activities of detainees. Designating overall responsibility for recreational activities ensures opportunities are offered and documented consistently.

YCDC has a comprehensive security inspection system, which includes all areas of the facility. The facility's front entrance has a sally port with electronic interlocking doors to prevent unauthorized entry or exit. Procedures have been established for issuing visitor passes to all visitors. ODO found YCDC's policy does not include procedures for documenting vehicles entering the facility. According to the policy and observations, the control center officer monitors vehicular traffic; however, documentation of vehicles entering or leaving the facility is not maintained. Documenting vehicular traffic provides a permanent record of access to the secure perimeter, supporting facility security.

ODO found healthcare professionals only visit the Special Management Units (SMU) when a detainee makes a request or to administer medication, which is not compliant with the NDS.

ODO inquired with YCDC management about their sexual assault and abuse policies and procedures. ODO observed YCDC management conducting Prison Rape Elimination Act (PREA) training for (b)(7) staff members. ODO observed PREA posters inside all inmate and detainee housing units. All YCDC staff is required to fully cooperate in any investigation regarding an allegation of sexual misconduct or abuse of inmates or detainees. Any staff who witnesses prohibited conduct is required to report the conduct immediately, and a written report detailing the incident must be filed as soon as possible. YCDC staff stated there have been no reported incidents of sexual assaults or misconduct at YCDC. Presently, YCDC management uses existing misconduct policies as a guide to address any reports of sexual assault or abuse involving staff, detainees, or inmates.

ODO was informed there have been no detainee suicides at YCDC. There was one suicide watch in the past year, but no suicide attempts. Review of the medical record confirmed suicide watch management is consistent with NDS requirements with one exception: the detainee was released from suicide watch status by a registered nurse (RN) without written authorization from the physician.

ODO was informed there have been no terminally ill detainees or detainee deaths at YCDC. ODO interviewed medical staff and reviewed policies and procedures. ODO found YCDC's policies do not include written procedures for making autopsy arrangements.

The facility uses a non-contact visitation system. Detainees may receive a one-hour visit each week on a designated day. Written visiting procedures, including a schedule and hours of visitation, are posted in the lobby main entrance area. Detainees are notified of visitation rules and hours by way of the inmate handbook, and postings in the housing units. Legal visits are permitted seven days per week and take place in the same non-contact booths used for visiting. ODO found YCDC has one logbook for both general visitors and legal representatives to sign in and out, which is not compliant with the NDS.

INSPECTION PROCESS

ODO inspections evaluate the welfare, safety, and living conditions of detainees. ODO primarily focuses on areas of noncompliance with the ICE NDS or the ICE Performance-Based National Detention Standards, as applicable. The NDS apply to YCDC. In addition, ODO may focus its inspection based on detention management information provided by ERO Headquarters and ERO field offices, and on issues of high priority or interest to ICE executive management.

ODO reviewed the processes employed at YCDC to determine compliance with current policies and detention standards. Prior to the inspection, ODO collected and analyzed relevant allegations and detainee information from multiple ICE databases, including the Joint Integrity Case Management System, the ENFORCE Alien Booking Module, and the ENFORCE Alien Removal Module. ODO also gathered facility facts and inspection-related information from ERO Headquarters staff to prepare for the site visit at YCDC.

REPORT ORGANIZATION

This report documents inspection results, serves as an official record, and is intended to provide ICE and detention facility management with a comprehensive evaluation of compliance with policies and detention standards. It summarizes those NDS that ODO found deficient in at least one aspect of the standard. ODO reports convey information to best enable prompt corrective actions and to assist in the on-going process of incorporating best practices in nationwide detention facility operations.

OPR defines a deficiency as a violation of written policy that can be specifically linked to the NDS, ICE policy, or operational procedure. When possible, the report includes contextual and quantitative information relevant to the cited standard. Deficiencies are highlighted in bold throughout the report and are encoded sequentially according to a detention standard designator.

Comments and questions regarding the report findings should be forwarded to the Deputy Division Director, OPR ODO.

INSPECTION TEAM MEMBERS

(b)(6), (b)(7)c

Management & Program Analyst (Team Leader)	ODO, Headquarters
Management and Program Analyst	ODO, Headquarters
Contract Inspector	Creative Corrections
Contract Inspector	Creative Corrections
Contract Inspector	Creative Corrections
Contract Inspector	Creative Corrections

OPERATIONAL ENVIRONMENT

INTERNAL RELATIONS

ODO interviewed YCDC's Chief Administrator, the ERO Assistant Field Office Director, a Supervisory Detention and Deportation Officer, an IEA, a Deportation Officer, and various correctional officers. All YCDC and ERO personnel described their working relationships and morale as excellent. YCDC correctional officers stated they consistently observe ICE personnel visiting the detainee housing units at least three times weekly, and communicating with detainees.

The Supervisory Detention and Deportation Officer, the Deportation Officer, and the IEA all stated ERO is adequately staffed to manage and handle the current detainee population at YCDC. ODO was also informed the 287(g) personnel provide assistance with any matter, voluntarily. According to the Assistant Field Office Director, although the facility is classified as an over 72-hour facility, it functions as an under 72-hour facility, due to the short detainee stays. During this CI, only two detainees remained at the facility for more than 72 hours.

DETAINEE RELATIONS

ODO interviewed two Level III male detainees at YCDC. During the CI, ERO transferred 39 detainees to another facility in Georgia. The two detainees interviewed by ODO arrived at YCDC two days prior to the CI. Due to their short stays, the detainees were unable to answer many questions presented by ODO. The detainees confirmed they received personal hygiene items, an inmate handbook, and the ICE National Detainee Handbook upon admission. The detainees did not express any other concerns during their interviews.

ICE NATIONAL DETENTION STANDARDS

ODO reviewed a total of 24 NDS and found YCDC fully compliant with the following 12 standards:

- Admission and Release
- Contraband
- Detainee Classification System
- Detainee Handbook¹
- Disciplinary Policy
- Food Service
- Hunger Strikes
- Religious Practices
- Staff-Detainee Communication
- Telephone Access
- Tool Control
- Use of Force

As these standards were compliant at the time of the review, a synopsis for these areas was not prepared for this report.

ODO found deficiencies in the following 12 standards:

- Access to Legal Material
- Detainee Grievance Procedures
- Environmental Health and Safety
- Key and Lock Control
- Medical Care
- Recreation
- Security Inspections
- Special Management Unit – Administrative Segregation
- Special Management Unit – Disciplinary Segregation
- Suicide Prevention and Intervention
- Terminal Illness, Advanced Directives, and Death
- Visitation

Findings for each of these standards are presented in the remainder of this report.

¹ Deficiencies relating to omissions from the detainee handbook are noted under the relevant NDS that requires the information. See Access to Legal Material (**Deficiency ALM-1**), and Detainee Grievance Procedures (**Deficiency DGP-1**).

ACCESS TO LEGAL MATERIAL (ALM)

ODO reviewed the Access to Legal Material standard at YCDC to determine if detainees have access to a law library, legal materials, courts, counsel, and document copying equipment to facilitate the preparation of legal documents, in accordance with the ICE NDS. ODO reviewed policies, procedures, and the detainee handbook, inspected the areas designated for law library use, tested computer operations, and interviewed facility staff.

YCDC has a designated law library, which contains computers equipped with the most-recent version of Lexis-Nexis. The law library area contains sufficient tables and chairs to facilitate legal research and writing for detainees. Office supplies and materials are sufficiently stocked and provided to detainees upon request. According to YCDC staff, detainees are allowed access to the law library a minimum of five hours a week, upon request. Detainees in administrative and disciplinary segregation have the same law library access as the general population.

The facility's detainee handbook does not notify detainees of the scheduled hours of access to the law library, the procedure for requesting additional time in the law library, the procedure for requesting legal reference materials not maintained in the law library, or the procedure for notifying a designated employee that library material is missing or damaged (**Deficiency ALM-1**). Having these procedures listed in the detainee handbook facilitates and promotes efficient use of the law library and its resources.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY ALM-1

In accordance with the ICE NDS, Access to Legal Material, section (III)(Q)(2-6), the FOD must ensure the detainee handbook or equivalent, shall provide detainees with the rules and procedures governing access to legal materials, including the following information:

2. the scheduled hours of access to the law library;
3. the procedure for requesting access to the law library;
4. the procedure for requesting additional time in the law library (beyond the 5 hours per week minimum);
5. the procedure for requesting legal reference materials not maintained in the law library; and
6. the procedure for notifying a designated employee that library material is missing or damaged.

These policies and procedure shall also be posted in the law library along with a list of the law library's holdings.

DETAINEE GRIEVANCE PROCEDURES (DGP)

ODO reviewed the Detainee Grievance Procedures standard at YCDC to determine if a process to submit formal or emergency grievances exists, and responses are provided in a timely manner, without fear of reprisal. In addition, the review was conducted to determine if detainees have an opportunity to appeal responses, and if accurate records are maintained, in accordance with the ICE NDS. ODO visited housing areas, interviewed staff, and reviewed policies and procedures, the detainee handbook, detention files, and the grievance log.

YCDC has a grievance system allowing detainees to file informal, formal, and emergency grievances, as well as appeal grievance decisions. Grievance forms are available within the housing units. The YCDC Unit Manager serves as the Grievance Coordinator.

A review of 15 detention files indicates YCDC staff provides each detainee with the ICE National Detainee Handbook and a comprehensive local supplement advising detainees of the grievance process. YCDC maintains a paper grievance logbook. An electronic version of the grievance logbook is being planned for September 2013. The Grievance Coordinator stated there have been no grievances filed by detainees in the past two years, due to the short duration of stay for detainees, so ODO was unable to verify whether detainee grievances are accurately recorded or maintained in individual detention files. The average length of stay for ICE detainees is 3.6 days.

The detainee handbook does not provide instructions for detainees to contact ICE to appeal a grievance decision made by YCDC's Officer in Charge, or to file a complaint about officer misconduct directly with the Department of Homeland Security, Office of Inspector General (**Deficiency DGP-1**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DGP-1

In accordance with the ICE NDS, Detainee Grievance Procedures, section (III)(G)(4)(6), the FOD must ensure the grievance section of the detainee handbook will provide notice of the following:

4. The procedures for contacting the INS to appeal the decision of the OIC of a CDF or an IGSA facility.
6. The opportunity to file a complaint about officer misconduct directly with the Justice Department.

In accordance with Change Notice National Detention Standards Staff-Detainee Communication Standard, dated June 15, 2007, the FOD must ensure, 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:

DHS OIG HOTLINE

Write to:

245 Murray Drive, S.E., Building 410,

Washington, D.C. 20538

Email to:
DHSOIGHOTLINE@DHS.GOV

OR Telephone:
1-800-323-8603

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the Environmental Health and Safety standard at YCDC to determine if the facility maintains high standards of cleanliness and sanitation, safe work practices, and control of hazardous materials and substances, in accordance with the ICE NDS. ODO toured the facility, interviewed staff, and reviewed procedures and documentation of inspections, hazardous chemical management, and fire prevention protocols.

ICE detainees are housed in Echo Unit, a two-level open dormitory-style housing unit with 32 beds. There are three showers on the upper level and three showers on the lower level. Located next to the showers on each level are four commodes and four lavatories. Sanitation in the housing unit and throughout the facility was very good.

The Training Lieutenant serves as the facility's Safety Officer. Hazardous substances are stored in the laundry area, food service, and maintenance area. Inspection confirmed substances in the laundry and food service areas were inventoried and stored in accordance with the standard; however, ODO found inventories in the maintenance area were not maintained for substances stored in two flammables cabinets (**Deficiency EH&S-1**). Maintaining inventories ensures hazardous substances are controlled and accounted for. In addition, ODO found gallon cans of paint and small propane cylinders on open shelves and sitting on the floor (**Deficiency EH&S-2**). Proper storage of flammable and combustible materials is critical to preventing injury to staff or detainees, particularly in the event of a fire.

ODO confirmed a master index was available listing all hazardous substances in the facility; however, it did not include locations where the substances were stored, or the required listing of emergency telephone numbers (**Deficiency EH&S-3**). Identifying the locations of hazardous substances within the master index supports accountability and efficient emergency response, and the ready availability of emergency contact information facilitates immediate contact with responders. ODO confirmed a master file of Material Safety Data Sheets (MSDS) was present in the index, and MSDS were present at each location where chemicals were used and stored. Copies of the master index and MSDS file were also available in central control.

The Safety Officer provided documentation of extensive weekly fire and safety inspections, as well as the required monthly inspections. Documentation supports fire drills were conducted monthly, and included drawing and testing of emergency keys. During the tour, ODO noted exit diagrams were not present in the detainee housing area, the corridors outside the housing area, the booking area, the laundry area, or the library (**Deficiency EH&S-4**). Diagrams posted elsewhere in the facility included locations of emergency equipment and directional arrows for traffic flow; however, they were in English, only, and did not include "You Are Here" markings (**Deficiency EH&S-5**). Availability of exit diagrams in all areas of the facility, providing all required information in English and Spanish, supports expeditious egress in the event of an emergency.

ODO's review of invoices confirmed completion of monthly and as-needed treatment by a local pest control company. ODO verified the accuracy of the sharps inventory in the medical unit, and confirmed bio-hazardous waste is removed from the facility under contract. Documentation

of the testing and servicing of the facility's emergency power generator was reviewed, and found in compliance with the standard.

Detainees have access to barber services on a weekly basis. ODO was informed, because of the lack of suitable space, barbering is conducted in an open area of the housing unit or in the booking area (**Deficiency EH&S-6**). Required hair care sanitation regulations for barber operations were not posted not in these areas (**Deficiency EH&S-7**). ODO observed necessary equipment was available to ensure sanitary barber operations.

STANDARD/POLICY REQUIREMENT FOR DEFICIENT FINDINGS

DEFICIENCY EH&S-1

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(A), the FOD must ensure every area will maintain a running inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area. Inventory records will be maintained separately for each substance, with entries for each logged on a separate card (or equivalent). That is, the account keeping will not be chronological, but filed alphabetically, by substance (dates, quantities, etc.).

DEFICIENCY EH&S-2

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(F)(4)(a)(c), the FOD must ensure every storage cabinet will [among other things]: be constructed according to code and securely locked at all times; and be conspicuously labeled: "Flammable-Keep Fire Away."

DEFICIENCY EH&S-3

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(C), the FOD must ensure the Maintenance Supervisor or designate will compile a master index of all hazardous substances in the facility, including locations, along with a master file of MSDSs. He/she will maintain this information in the safety office (or equivalent), with a copy to the local fire department. Documentation of the semi-annual reviews will be maintained in the MSDS master file. The master index will also include a comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.).

DEFICIENCY EH&S-4

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(L)(3)(h), the FOD must ensure every institution will develop a fire prevention, control, and evacuation plan to include, among other thing, the following: Conspicuously posted exit diagram conspicuously posted for and in each area.

DEFICIENCY EH&S-5

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(L)(5)(a-b), the FOD must ensure, in addition to a general area diagram, the following information must be provided on existing signs: English and Spanish instructions; and "You Are Here" markers.

DEFICIENCY EH&S-6

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(P)(1), the FOD must ensure the [barber] operation will be located in a separate room not used for any other purpose. The floor will be smooth, nonabsorbent and easily cleaned. Walls and ceiling will be in good repair and painted a light color. Artificial lighting of at least 50-foot candles will be provided. Mechanical ventilation of 5 air changes per hour will be provided if there are no operable windows to provide fresh air. At least one lavatory will be provided. Both hot and cold water will be available, and the hot water will be capable of maintaining a constant flow of water between 105 degrees and 120 degrees.

DEFICIENCY EH&S-7

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(P)(4), the FOD must ensure each barbershop will have detailed hair care sanitation regulations posted in a conspicuous location for the use of all hair care personnel and detainees.

KEY AND LOCK CONTROL (K&LC)

ODO reviewed the Key and Lock Control standard at YCDC to determine if facility safety and security is maintained by requiring keys and locks to be controlled and maintained, in accordance with the ICE NDS. ODO observed use, accountability, and maintenance of keys; interviewed the Assistant Chief, maintenance supervisor, and other staff; inspected emergency keys; and reviewed policy and documentation.

The Assistant Chief is the designated staff member responsible for all the administrative duties related to key and lock control. The written position description for the Assistant Chief does not include the duties of key and lock control (**Deficiency K&LC-1**). County maintenance staff has been certified and trained by Southern Folger Detention Equipment Company, and are responsible for general maintenance of locks and locking devices. ODO reviewed inventories of all keys, to include daily issue and emergency keys in the central control room, and verified they are complete and current. ODO's observation and review of documentation confirmed keys are logged each time they are issued and returned by staff. ODO interviewed staff and verified they are knowledgeable of key control procedures and the location of emergency keys. Facility key accountability and procedures are in place for the issuance of restricted keys.

ODO conducted interviews and reviewed available documentation, and found the Assistant Chief does not maintain records concerning locks or locking devices, and locks throughout the facility were not included on any inventories (**Deficiency K&LC-2**). Maintaining inventories and records of keys, locks, and locking devices ensures proper control and accountability. In addition, interviews with the Assistant Chief and county maintenance staff found there is no preventive maintenance program for the key and lock control program (**Deficiency K&LC-3**). Preventive maintenance of locks in a correctional environment is essential to supporting safety and security.

STANDARD/POLICY REQUIREMENT FOR DEFICIENT FINDINGS

DEFICIENCY K&LC-1

In accordance with the ICE NDS, Key and Lock Control, section (III)(A)(1), the FOD must ensure each facility should establish the position of Security Officer. If this is impracticable, the OIC shall assign a staff member the collateral duties of Security Officer. The Security Officer shall have a written position description that includes duties, responsibilities, and chain of command.

DEFICIENCY K&LC-2

In accordance with the ICE NDS, Key and Lock Control, section (III)(B)(1), the FOD must ensure the Security Officer shall maintain inventories of all keys, locks and locking devices in the Lock Shop.

DEFICIENCY K&LC-3

In accordance with the ICE NDS, Key and Lock Control, section (III)(B)(5), the FOD must ensure the Security Officer shall implement a preventive maintenance program.

MEDICAL CARE (MC)

ODO reviewed the Medical Care standard at YCDC to determine if detainees have access to healthcare and emergency services to meet health needs in a timely manner, in accordance with the ICE NDS. ODO toured the clinic, reviewed policies and procedures, verified medical staff credentials, observed medication administration and sick call, and interviewed the Medical Service Coordinator (MSC) and ICE staff. In addition, ODO examined 13 medical records of detainees falling into the following categories: chronic care, detainee sick call, suspect TB, and one suicide watch. All records were reviewed for sick call timeliness and applicable transfer documentation. There have been no detainee deaths at YCDC.

YCDC currently holds no accreditations. Medical services at YCDC are provided by employees of the York County Sheriff's Office. The clinic is open from 7 am to 6 pm, five days a week. An on-call RN reports to the facility on weekends and holidays to review intake screens and perform TB screening. The clinic is administered on a full-time basis by the MSC, who is an RN. Medical oversight is provided by the contract physician on-site for two hours per day on Mondays and Thursdays, and is on-call 24 hours a day, seven days a week. Mental health services are provided by (b)(7)(e) licensed master's level social workers who alternate every other week. These positions are augmented by (b)(7)(e) RNs, (b)(7)(e) licensed practical nurse, (b)(7)(e) state certified pharmacy technician, and (b)(7)(e) records clerk. At the time of the review, one full-time licensed practical nurse position was vacant. Dental services are provided by a local dentist on-site once monthly. ODO finds staffing sufficient to provide basic medical services to the detainee population. ODO verified the staffing plan is reviewed annually. All professional licenses were present and primary source verified with the issuing state boards for authentication purposes.

In the event medical services beyond the scope of care provided by YCDC are required, detainees are transferred to the Piedmont Medical Center in Rock Hill, approximately 10 miles away. In cases of an emergency, the emergency response ambulance responds from the York County rescue squad or the local fire department, both located in York.

The clinic contains two examination/treatment rooms, a one-chair dental suite, a break room, a three-cubicle nurses' station, a pharmacy, a supply room, a medical records clerk office, one holding cell, one staff restroom, and two administrative offices. In addition, there are eight medical observation rooms, two of which have negative airflow for TB isolation. Correctional supervision is provided by detention officers who escort detainees to the clinic. There are also designated examination rooms offering adequate privacy in the housing units. According to the MSC, bilingual staff or a telephone interpretation service is used for language translation when necessary.

YCDC officers in the booking area conduct the medical intake screening. The officers, who are members of the Sheriff's Department staff and part of the ICE 287(g) program, are permanently assigned to the intake area. ODO verified the officers receive specialized training conducted by the Security Commander, which includes completion of the intake medical and mental health screenings. During interviews of the booking officers on duty during the review, ODO found they possessed a strong command of the principles for effective screening, and awareness of answers and behaviors necessitating immediate referral to medical staff. Review of 13 screening

forms found all were thoroughly completed, and information and observations were well documented. Nursing staff review all intake screen questionnaires upon completion or, if detainees are admitted after normal clinic hours, the next day. Documentation of review and appropriate follow-up was noted.

Health appraisals at YCDC are conducted by the physician. Of the 13 medical records reviewed, ODO found only two where the detainees remained at YCDC for 14 days or more. ODO verified the health appraisals included hands-on physical examinations and dental screenings; however, in one case the health appraisal was conducted 18 days following the detainee's arrival, and in the second, no health appraisal was performed during the detainee's 19-day stay at YCDC (**Deficiency MC-1**).

During review of records for documentation of required TB testing, ODO found two of 13 detainees did not undergo screening by way of PPD or CXR upon admission (**Deficiency MC-2**). Both were transferred to YCDC from other facilities, and transfer documentation indicated one had a previous CXR in 2008 and the other in 2011, both negative. The detainees were transferred from YCDC after five days, without TB clearance. The MSC stated TB screening was not conducted at YCDC because it was thought the previous CXRs remained valid. ODO notes this stands in conflict with the facility's policy, which states rescreening is required if the last results were over a year old. Medical transfer information prepared by YCDC upon the detainees' release documented the dates of the previous negative CXRs.

Transfer documentation on a detainee admitted to YCDC on March 5, 2013, indicated he had a positive PPD at the sending facility on February 27, 2013, six days earlier. There was no documentation a CXR was completed by the sending facility. Upon arrival at YCDC, screening found the detainee was exhibiting no symptoms of TB, resulting in clearance for general population housing despite the positive PPD (**Deficiency MC-3**). A positive PPD is a symptom requiring isolation pending TB clearance, in accordance with the standard. He remained in general population overnight, and then was transferred to a single cell in the facility's classification unit on March 6, 2013. The same day, ICE notified the facility the detainee was to be transferred on March 7, 2013. According to the MSC, though ICE was informed the detainee had not yet been cleared for TB; YCDC was advised the transfer would be completed. Transfer information prepared by YCDC documented the positive PPD and necessity to complete a CXR. ODO notes the detainee was transferred to and from YCDC in a vehicle with other detainees and staff without a surgical mask, as called for under Center for Disease Control guidelines.

In another two cases, the detainees did not receive follow-up CXRs for 96 hours and 15 days, respectively, following positive PPDs (**Deficiency MC-4**). ODO notes these detainees had no symptoms of TB upon admission, and were housed in single cells until cleared; however, the time awaiting clearance was protracted in violation of the requirement for prompt evaluation. ODO further notes Center for Disease Control guidelines call for CXRs within 72 hours following positive PPD tests.

During discussion of the deficiencies related to TB testing, the MSC stated the facility is challenged to complete CXRs before detainees are transferred. YCDC does not have a mobile x-ray service, so detainees are transported to an off-site facility. According to the MSC,

correctional officer availability may delay transport, and the vendor used until recently did not report CXR results for up to a week. The MSC stated it is anticipated the new vendor will report results more quickly. ODO recommends the facility and ERO take necessary actions to ensure detainees receive prompt TB clearances prior to transfer.

Detainees request healthcare services by completing written medical requests forms printed in English and Spanish. ODO was informed these forms are available in the housing units; however, during the tour, ODO found no sick call request slips were on-hand in one unit. The MSC promptly remedied the situation by supplying request forms to the housing area. ODO learned completed sick call requests are given to correctional staff for entry in the electronic Jail Management System and transmission to nursing staff (**Deficiency MC-5**). The same procedures are followed in the SMUs. Involvement of correctional officers in this process violates patient confidentiality, because medical information is documented on the forms. Further, access to medical care may be impeded if detainees are reluctant to request services through correctional staff. Medical staff retrieves and triages the electronic requests once daily, five days a week, to determine priority of care. ODO was informed, in addition to the written sick call request process, nursing staff on medication rounds will frequently entertain “walk-up” requests and address the detainee’s complaint. A sick call request is completed to document the encounter.

YCDC has an electronic medical record system. According to the MSC, a facility administrator has unrestricted access to the electronic medical record. ODO cites this as a second violation of patient confidentiality (**Previous Deficiency MC-5**). Access by non-medical staff should be on a need-to-know basis, for purposes related to oversight of delivery of healthcare services in specific cases.

YCDC staff stated detainees are not charged co-payments or fees, yet the detainee handbook states otherwise. To ensure this information does not deter detainees from seeking healthcare, ODO recommends YCDC management modify the detainee handbook to specify that detainees are not charged for medical services.

Medications are distributed by nursing staff and documented on Medication Administration Records during hours the facility has nursing coverage. Correctional staff distributes medications when medical staff is not on duty, documenting distribution on a MAL. Review found the MAL is not the same as the Medication Administration Records, and does not adequately document distribution of medications in accordance with provider orders (**Deficiency MC-6**). The MAL documents the date and time the detainee was given all prescribed medications, the detainee signature, and the officer’s signature; however, it does not itemize the medications or document dosage. ODO was advised a revised MAL is being developed to itemize medications. ODO further notes the lesson plan used for training of officers, conducted by the certified pharmacy technician, states the officer may allow detainees to take less of the medication, but never more. ODO notes, should a detainee be allowed to take less of a prescribed medication, distribution would not be in accordance with provider orders. Because the current MAL does not provide medication-specific information, ODO was unable to determine if there were instances in which a detainee was given less of a medication than ordered.

Facility healthcare and correctional staff are required to maintain current certification in cardiopulmonary resuscitation, first aid, and use of an automated external defibrillator. ODO's review of training records for all healthcare and (b)(7)e randomly-selected correctional staff found (b)(7)e medical and (b)(7)e correctional staff member did not have current certifications (**Deficiency MC-7**). The MSC and training manager stated arrangements have been made for the (b)(7)e staff members to complete training.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY MC-1

In accordance with the ICE NDS, Medical Care, section (III)(D), the FOD must ensure the health care provider of each facility will conduct a health appraisal and physical examination on each detainee within 14 days of arrival at the facility.

DEFICIENCY MC-2

In accordance with the ICE NDS, Medical Care, section (III)(D), the FOD must ensure all new arrivals shall receive TB screening by PPD (mantoux method) or chest x-ray.

DEFICIENCY MC-3

In accordance with the ICE NDS, Medical Care, section (III)(D), the FOD must ensure detainees with symptoms suggestive of TB will be placed in an isolation room and promptly evaluated for TB disease.

DEFICIENCY MC-4

In accordance with the ICE NDS, Medical Care, section (III)(D), the FOD must ensure detainees with symptoms suggestive of TB will be placed in an isolation room and promptly evaluated for TB disease.

DEFICIENCY MC-5

In accordance with the ICE NDS, Medical Care, section (III)(M), the FOD must ensure 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 wellbeing of detainees.

DEFICIENCY MC-6

In accordance with the ICE NDS, Medical Care, section (III)(I), the FOD must ensure 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.

DEFICIENCY MC-7

In accordance with the ICE NDS, Medical Care, section (III)(H)(2), the FOD must ensure detention staff will be trained to respond to health-related emergencies within a 4-minute response time. This training will be provided by a responsible medical authority in cooperation with the OIC and will include the following [among other things]: The administration of first aid and cardiopulmonary resuscitation (CPR).

RECREATION (R)

ODO reviewed the Recreation standard at YCDC to determine if detainees are provided access to recreational programs and activities within the constraints of a safe and secure environment in accordance with the ICE NDS. ODO inspected the recreation areas, reviewed policies, and interviewed staff and detainees.

A recreation yard is directly adjacent to the detainee housing unit. Detainees have outdoor recreation privileges a minimum of one hour a day, seven days a week. ODO was informed, and observed, access to the yard is generally allowed during dayroom hours. The housing unit dayroom has various board games and a stationary exercise station for pull-ups, chin-ups, and sit-ups. Recreation privileges are addressed in the detainee handbook. Detainees in the SMU receive a minimum of one hour a day of recreation, seven days a week, in a yard adjacent to the SMU.

The facility does not have a designated individual responsible for recreation (**Deficiency R-1**). According to staff, the housing unit correctional officers coordinate and oversee the daily recreational activities of detainees housed in general population and the SMU. Designating overall responsibility for recreational activities ensures opportunities are offered and documented consistently.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY R-1

In accordance with the ICE NDS, Recreation, section (III)(F), the FOD must ensure all facilities shall have an individual responsible for the development and oversight of the recreation program.

SECURITY INSPECTIONS (SI)

ODO reviewed the Security Inspection standard at YCDC to determine if facility security is maintained, and events posing a risk of harm are prevented, in accordance with the ICE NDS. ODO reviewed logbooks, policies, and post orders; observed vehicle sally port operations, perimeter security, and entrance procedures; and interviewed staff.

YCDC has a comprehensive security inspection system, which includes all areas of the facility. The facility's front entrance has a sally port with electronic interlocking doors to prevent unauthorized entry or exit. Procedures have been established for issuing visitor passes to all visitors.

YCDC policy does not include procedures for documenting vehicles entering the facility. According to policy and as observed by ODO, the control center officer monitors vehicular traffic; however, documentation of vehicles entering or leaving the facility is not maintained (**Deficiency SI-1**). Documenting vehicular traffic provides a permanent record of access to the secure perimeter, supporting facility security.

The facility's SMU has a sally port entrance with doors controlled electronically by the master control center officer. Documentation supports regular searches of the facility are conducted. All housing units are inspected daily. The perimeter fence is checked at least once on each shift.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SI-1

In accordance with the ICE NDS, Security Inspections, section (III)(D)(3)(1)(a), the FOD must ensure facilities shall have policies and procedures to control and document all vehicular traffic entering the facility.

SPECIAL MANAGEMENT UNIT (SMU)

Administrative Segregation

ODO reviewed the Special Management Unit – Administrative Segregation standard at YCDC to determine if the facility has procedures in place to temporarily segregate detainees for administrative reasons, in accordance with the ICE NDS. ODO toured the SMU, interviewed staff, and reviewed policies and the electronic log system.

YCDC's SMU for administrative segregation consists of 16 single cells, each with a bed, toilet, and sink attached to the wall. There is a separate SMU with the same configuration for disciplinary segregation. ODO's inspection found the units were well ventilated, adequately lit, maintained at an appropriate temperature, and appearing clean and sanitary. There were no ICE detainees assigned to administrative segregation at the time of the review. According to staff, a detainee was most recently placed in administrative segregation on February 4, 2013, pending a disciplinary hearing. ODO confirmed an administrative segregation order was issued, and a medical assessment was completed prior to placement in the SMU. The detainee received a disciplinary hearing within 24 hours, and was transferred to disciplinary segregation. A review of the facility's electronic log found no other detainees were placed in administrative segregation in the last six months.

The facility maintains an electronic log to record placements in the SMU and document provision of services. ODO's review of the log and facility policy confirmed they address all requirements of the NDS with respect to living conditions and privileges, including meals, law library, recreation, and visitation. However, healthcare professionals only visit the SMU when a detainee makes a request or to administer medication (**Deficiency SMU AS-1**). Regular visits by a medical professional at least three times a week ensures medical and mental health concerns are identified and addressed.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SMU AS-1

In accordance with the ICE NDS, Special Management Unit (Administrative Segregation), section (III)(D)(12), the FOD must ensure a medical professional shall visit every detainee in administrative segregation at least three times a week. In addition to the direct supervision afforded by the unit officer, the shift supervisor shall see each segregated detainee daily, including weekends and holidays.

SPECIAL MANAGEMENT UNIT (SMU)

Disciplinary Segregation

ODO reviewed the Special Management Unit – Disciplinary Segregation standard at YCDC to determine if the facility has procedures in place to temporarily segregate detainees for disciplinary reasons, in accordance with the ICE NDS. ODO toured the SMU, interviewed staff, and reviewed policies and the electronic log system.

YCDC's SMU for disciplinary segregation has 16 single cells, each with a bed, toilet, and sink attached to the wall. There is a separate SMU with the same configuration for administrative segregation. ODO's inspection found the units were well ventilated, adequately lit, maintained at an appropriate temperature, and appeared clean and sanitary. There were no ICE detainees assigned to disciplinary segregation at the time of the review. According to staff, a detainee was most recently sanctioned with disciplinary segregation for a term of seven days on February 5, 2013. He was transferred to another facility on February 7, 2013. A review of documentation confirmed a disciplinary segregation order was issued. A review of the facility's electronic log found no other detainees were placed in disciplinary segregation in the last six months.

The facility maintains an electronic log to record placements in the SMU and document provision of services. ODO's review of the log and facility policy confirmed they address all requirements of the NDS with respect to living conditions and privileges, including meals, law library, and visitation. However, healthcare professionals only visit the SMU when a detainee makes a request or to administer medication (**Deficiency SMU DS-1**). Regular visits by a medical professional at least three times a week ensures medical and mental health concerns are identified and addressed.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SMU DS-1

In accordance with the ICE NDS, Special Management Unit (Disciplinary Segregation), section (III)(D)(16), the FOD must ensure a medical professional shall visit every detainee in administrative[sic] segregation at least three times a week. In addition to the direct supervision afforded by the unit officer, the shift supervisor shall see each segregation detainee daily, including weekends and holidays.

SUICIDE PREVENTION AND INTERVENTION (SP&I)

ODO reviewed the Suicide Prevention and Intervention standard at YCDC to determine if the health and well-being of detainees are protected by training staff in effective methods of suicide prevention, in accordance with the ICE NDS. ODO inspected the suicide watch cells, interviewed medical and training staff, and reviewed suicide prevention policies, the training curriculum, and staff training records.

Facility policy requires all staff to receive initial and ongoing suicide prevention training, which includes the identification of suicide risk factors, recognizing the signs of suicidal thinking and behavior, referral procedures, suicide prevention techniques, and responding to an in-progress suicide attempt. YCDC uses a curriculum covering these elements and includes a video produced by “Lock-up USA,” presented by the training manager. Review of all medical and (b)(7) randomly-selected detention staff training files confirmed completion of initial and ongoing suicide prevention training.

ODO verified detainees are screened for suicide risk during the intake process. Detainees on close-observation suicide watch are housed in an observation cell located in the clinic. Inspection confirmed the cells are free from protrusions or objects that could assist in a suicide attempt. Each has a camera, which is monitored in three places: central control, at the observation area desk, and in the booking area.

ODO was advised there have been no detainee suicides at YCDC. There have been no suicide attempts and one suicide watch in the past year. Review of the medical record confirmed suicide watch management is consistent with NDS requirements, with one exception: the detainee was released from suicide watch status by an RN, without written authorization from the physician (**Deficiency SP&I-1**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SP&I-1

In accordance with the ICE NDS, Suicide Prevention and Intervention, section (III)(C), the FOD must ensure a detainee formerly under a suicide watch may be returned to general population, upon written authorization from the CD.

TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH (TIADD)

ODO reviewed the Terminal Illness, Advance Directives, and Death standard, to include Do Not Resuscitate orders, and organ donations, at YCDC to determine if the facility's policies and practices are in accordance with the ICE NDS. ODO interviewed medical staff, and reviewed policies and procedures.

ODO was informed there have been no terminally ill detainees or detainee deaths at YCDC. A review of policies confirmed they address the requirements of the NDS, with one exception: they do not include written procedures for making autopsy arrangements (**Deficiency TIADD-1**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY TIAAD-1

In accordance with the ICE NDS, Terminal Illness, Advance Directives, and Death, section (III)(J), the FOD must ensure, with the Chaplain's assistance, the OIC shall develop and implement written procedures for making autopsy arrangements.

VISITATION (V)

ODO reviewed the Visitation standard at YCDC to determine if authorized persons, including legal and media representatives, are able to visit detainees within security and operational constraints, in accordance with the ICE NDS. ODO reviewed local policy and the detainee handbook, inspected the visiting area, and interviewed staff and detainees.

The facility uses a non-contact visitation system. Visitors are required to present photo identification at the main entrance desk. After verification of identity and clearing a metal detector, visitors proceed through a corridor to the visiting area, which adjoins the housing units. Detainees, when notified of a visit, proceed to one of four booths on the housing unit side of the visiting area. There is secure separation between the visitor and detainee booths. Written visiting procedures, including a schedule and hours of visitation, are posted in the lobby's main entrance area. Detainees are notified of visitation rules and hours by way of the detainee handbook and postings in the housing unit.

Detainees may receive a one-hour visit each week on a designated day. Special visits may be approved by the Jail Administrator in consultation with the IEA. ODO was advised, there have been no requests for special visits due to the short length of stay at YCDC. Legal visits are permitted seven days per week, and take place in the same non-contact booths used for visiting. General visitors and legal representatives sign in and out of the same logbook (**Deficiency V-1**). Maintaining separate logs facilitates easy retrieval of documentation of legal visits.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDING

DEFICIENCY V-1

In accordance with the ICE NDS, Visitation, section (III)(C), the FOD must ensure the facility shall maintain a log of all general visitors, and a separate log of legal visitors.