U.S. Department of Homeland Security
U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
Inspections and Detention Oversight Division
Washington, DC 20536-5501

Office of Detention Oversight Compliance Inspection

Enforcement and Removal Operations ERO Philadelphia Field Office

Berks County Family Residential Center Leesport, Pennsylvania

July 27-30, 2020

COMPLIANCE INSPECTION
of the
BERKS COUNTY FAMILY RESIDENTIAL CENTER
Leesport, Pennsylvania

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COMPLIANCE INSPECTION TEAM MEMBERS

[redacted]	Acting Team Lead	ODO
	Inspections and Compliance Specialist	ODO
	Contractor	Creative Corrections
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	Contractor	Creative Corrections
	Contractor	Creative Corrections

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 Family Residential Center (BCFRC) in Leesport, Pennsylvania, from July 27-30, 2020.[1] The facility opened in 2001 and is owned and operated by the County of Berks. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at BCFRC in 2001 under the oversight of ERO's Field Office Director (FOD) in Philadelphia (ERO Philadelphia). The facility operates under the Family Residential Standards (FRS) 2007.

ERO has assigned deportation officers to the facility. A BCFRC administrator handles daily facility operations and is supported by [redacted] personnel. Cura Hospitality provides food services and medical care is provided onsite by ICE Health Service Corps (IHSC). The facility was accredited by the Juvenile and Family Residential Management Unit in March 2007 and the U.S. Department of Homeland Security Prison Rape Elimination Act in November 2016.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity[2]	96
Average ICE Detainee Population[3]	41
Male Detainee Population (as of 7/23/2020)	8
Female Detainee Population (as of 7/23/2020)	11

During its last inspection, in Fiscal Year (FY) 2011, ODO found six repeated deficiencies in the following areas: Emergency Plans (1); Key and Lock Control (2); Medical Care (2); Residential Files (1).

[1] This facility holds both male and female residents to include children with low security classification levels for periods longer than 72 hours.
[2] Data Source: ERO Facility List Report as of July 23, 2020.
[3] *Ibid.*

COMPLIANCE INSPECTION PROCESS

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

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as "deficiencies." 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 an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote 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.

[4] ODO reviews the facility's compliance with selected standards in their entirety.

FINDINGS BY FAMILY RESIDENTIAL STANDARDS 2007 MAJOR CATEGORIES

FRS 2007 Standards Inspected[5]	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	1
Sub-Total	**1**
Part 2 – Security	
Admission and Release	1
Funds and Personal Property	1
Searches of Residents	2
Sexual Abuse and Assault Prevention and Intervention	0
Staff-Resident Communications	0
Use of Physical Control Measures and Restraints	0
Sub-Total	**4**
Part 3 – Order	
Discipline and Behavioral Management	0
Sub-Total	**0**
Part 4 – Care	
Food Service	5
Medical Care	8
Suicide Prevention and Intervention	2
Sub-Total	**15**
Part 5 – Activities	
Educational Policy	0
Recreation	0
Religious Practices	0
Telephone Access	0
Visitation	0
Sub-Total	**0**
Part 6 – Justice	
Grievance System	0
Law Libraries and Legal Material	0
Sub-Total	**0**
Total Deficiencies	**20**

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

DETAINEE RELATIONS

ODO interviewed nine resident detainees (RDs), who each voluntarily agreed to participate. The facility housed only [redacted] adult RD's at the time of the inspection. One RD was in medical segregation and unavailable for an interview with ODO. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most residents reported satisfaction with facility services except for the concerns listed below. ODO conducted detainee interviews via video teleconference.

Medical Care: One RD stated he sought medical care due to a (3mm) cyst on his head that caused headaches and had not been seen by an outside physician for treatment.

- Action Taken: ODO reviewed the RD's medical record and spoke with the facility medical staff. Medical staff evaluated the RD's head on July 6, 2020, where the RD indicated no pain to the touch, no sign of infection, no discoloration and not a hindrance to activities. On July 18, 2020, the health service administrator (HSA) advised ODO an outside medical evaluation will be scheduled as soon as outside physicians begin accepting patients post COVID-19.

Medical Care: One RD advised his toddler has had mouth fungus on repeated occasions and the medical staff is not doing anything to resolve the issue.

- Action Taken: ODO reviewed the medical records of the toddler, which revealed the facility examined the toddler on April 10, 2020, and prescribed a medical mouth wash. A follow-up was conducted on April 13, 2020, April 17, 2020, and April 23, 2020, which revealed the fungus had been remedied. However, on May 5, 2020, the RD complained the fungus had returned. Medical records indicated the same treatment was prescribed with follow-ups on May 18, 2020, and May 22, 2020. The toddler was last seen on May 29, 2020, where only redness was observed on the tongue. The medical staff spoke with the parents and educated them on preventive measures; as not to allow the sharing of toys and bottles.

Medical Care: One RD complained his daughter is needing outside medical care due to fears of hearing loss because of ongoing complaints of ear pain and infections.

- Action Taken: ODO reviewed the RD's medical records and spoke with the facility medical staff. Records indicated the toddler was admitted to the Penn State Hospital Emergency room on March 16, 2020, where she was issued ear drops, pain medication, and a referral to the Ear, Nose and Throat specialist (ENT). On March 19, 2020, the ENT removed a foreign object from the right ear, discovered inner ear damage and hearing loss in the left ear. A follow-up was conducted on June 17, 2020, due to further complaints of hearing loss, where ear wax was discovered and removed from both ears. The parents were instructed on how to remove the excessive wax. On June 22, 2020, the RD indicated the daughter remains in pain and requested to see the ENT. The HSA scheduled a follow-up ENT appointment for June 30, 2020; however, the appointment was rescheduled to August 8, 2020, at the parent's request because of their anxiety of being medically quarantined upon their arrival back to the facility due to COVID-19.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIROMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed 12 months of fire and safety inspection reports, and found inspection reports were not forwarded to the facility administrator for review and corrective action determinations **(Deficiency EH&S-[6])**.

SECURITY

ADMISSIONS AND RELEASE (A&R)

ODO reviewed 12 resident detention files and found one out of 12 files did not contain a signed Order to Detain Resident Form (Form I-203) **(Deficiency EH&S-[7])**.

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO interviewed facility staff members and found [redacted] did not [redacted] of resident funds **(Deficiency F&PP-[8])**.

SEARCHES OF RESIDENTS (SOR)

ODO interviewed facility staff members and found the facility does not notify ERO on a weekly basis of all physical plant searches conducted **(Deficiency SOR-[9])**.

ODO interviewed facility staff members and found the facility does not conduct [redacted] searches of housing units and works areas at irregular intervals **(Deficiency SOR-[9])**.

[6] "…Written reports of the inspections shall be forwarded to the facility administrator for review and, if necessary, corrective action determinations. The Safety Officer and Maintenance Supervisor shall maintain inspection reports and records of corrective action [redacted]." *See* ICE FRS 2007, Standard, Food Service, Section (VI)(2).
[7] "An order to detain or release the resident (Form 1-203 or 1-203a), bearing the appropriate official signature, must accompany each newly arriving resident..." *See* ICE FRS 2007, Standard, Admission and Release, Section(V)(4).
[8] "Where physical custody of or access to resident funds, property envelopes, and large valuables changes with facility shift changes, the [redacted] and [redacted] shall [redacted] of these items…" *See* ICE FRS 2007, Standard, Funds and Personal Property, Section (V)(10).
[9] "…The facility is required to notify ICE weekly of all physical plant searches conducted… Each facility shall be at irregular intervals to prevent staging of contraband…" *See* ICE FRS 2007, Standard, Searches of Residents, Section

CARE

FOOD SERVICE (FS)

ODO reviewed food service purchase requests and found "other food items" purchased were not identified and given special handing instructions for delivery **(Deficiency FS-[10])**.

ODO reviewed the standard uniform for food service personnel via photos and interviewed the food service administrator (FSA), found staff were not wearing approved rubber sole non-slip safety shoes while working in the kitchen **(Deficiency FS-[11])**.

ODO reviewed photos and interviewed the FSA regarding knife control and found the cabinet was secured; however, designated access to knives was not limited to [redacted] staff member on duty, as all [redacted] had a key to knife storage **(Deficiency FS-3[12])**.

ODO reviewed photos of tool storage and found knives approved for use were not equipped with metal cables for mounting to workstations **(Deficiency FS-4[13])**.

ODO interviewed the FSA, and reviewed the Common Fare preparation area, and found the chaplain does not escort clergy to monitor compliance with religious diet requirements **(Deficiency FS-5[14])**.

MEDICAL CARE (MC)

ODO interviewed the HSA and found the health care program was not accredited by the Joint Commission on the Accreditation of Health Care Organization (JCAHO), now known as the Joint Commission. **(Deficiency MC-1[15])**. **Repeat Deficiency**

ODO reviewed 24 professional credential documents for compliance with the standards established by JCAHO on credentialing and verification and found six out of 24 credential documents did not meet the standards established by JCAHO **(Deficiency MC-2[16])**.

[10] "[redacted] also require special handling and storage. The purchase order for any of these items shall specify the special handling requirements for delivery…" *See* ICE FRS 2007, Standard, Food Service, Section (V)(2)(d)(2).

[11] "…5) Approved rubber soled safety shoes shall be provided and used by all food service personnel working in food service…" *See* ICE FRS 2007, Standard, Food Service, Section (V)(9)(b)(5).

[12] "The knife cabinet must be equipped with an approved locking device. The [redacted], under direct supervision of the [redacted], shall maintain control of the key that locks the device..." *See* ICE FRS 2007, Standard, Food Service, Section (V)(2)(b).

[13] "…Knife approved for use must have a steel shank through which a metal cable can be mounted. The facility's tool control staff is responsible for mounting the cable to the knife through the steel shank." *See* ICE FRS 2007, Standard, Food Service, Section (V)(2)(b).

[14] "…The chaplain shall escort other clergy to the Common Fare preparation area for frequent, irregular monitoring of compliance with religious dietary requirements." *See* ICE FRS 2007, Standard, Food Service, Section (V)(6)(h).

[15] "…The health care program and the medical facilities shall be under the direction of a health service administrator (HSA) and shall be accredited and maintain compliance with the standards of the Joint Commission on the Accreditation of Health Care Organizations (JCAHO)." *See* ICE FRS 2007, Standard, Medical Care, Section (V)(1).

[16] "…Medical personnel credentialing and verification shall comply with the standards established by JCAHO." See ICE FRS 2007, Standard, Medical Care Section (V)(7).

ODO reviewed 16 medical records and found 16 out of [redacted] residents had a Purified Protein Derivative (PPD) test as the primary method of tuberculosis screening; however, the standard identifies PPD is a secondary screening method **(Deficiency MC-3[17])**.

ODO reviewed 16 medical records and found the initial dental screening exams were performed during the initial physical examinations. However, eight out of 16 initial dental screening exams were completed by a registered nurse instead of a physician, physician's assistant, or nurse practitioner **(Deficiency MC-4[18])**.

ODO reviewed the facility's First Aid Kits Standing Operating Procedures, policy, and interviewed the HAS and found the health authority, along with the facility administrator, did not determine the contents, number, location(s), use protocols, and monthly inspections procedures of the first aid kits **(Deficiency MC-5[19])**.

ODO interviewed the HSA, and reviewed documentation of the weekly Tuesday Report/Significant Detainee Illness (SDI) list results and found these meetings did not meet the requirements of the standard for Quarterly Administrative Meetings. Even though communicable disease and infectious control activities were presented at these weekly meetings, per the HSA, there was no agenda with all the required topics or meeting minutes. Furthermore, the facility administrator, or a named acting, was not present on three occasions of the 25 SDI meetings, and at a minimum, discussion of the effectiveness of the health care program and health environment factors that may need improvement were not discussed **(Deficiency MC-6[20])**.

[17] "…A chest x-ray is the primary screening method. The PPD (Mantoux method) shall be the secondary screening method..." See ICE FRS 2007, Standard, Medical Care, Section (V)(8)(c)

[18] "…The initial dental screening may be performed by a physician, physician's assistant, or nurse practitioner – if trained by a licensed dentist." *See* ICE FRS 2007, Standard, Medical Care, Section (V)(11).

[19] "In each residential facility, the designated health authority and facility administrator shall determine the contents, number, location(s), use protocols, and monthly inspections procedures of first aid kits." *See* ICE FRS 2007, Standard, Medical Care, Section (V)(14).

[20] The facility administrator and health services administrator shall meet at least quarterly and include other facility and medical staff as appropriate.
The meeting agenda shall include, at a minimum:

a. An account of the effectiveness of the facility heath care program
b. Discussions of health environment that may need improvement
c. Review and discussion of communicable disease and infectious control activities."

See ICE FRS 2007, Standard, Medical Care, Section (V)(25)(a) and (b).

ODO reviewed eight Quarterly United States Public Health Regional Compliance Officer/Facility Meeting Minutes/Agenda, and interviewed the HSA, and found the documents did not contain all the elements of a system of internal review and quality assurance with multidisciplinary participants at the facility to meet the standard **(Deficiency MC-7[21])**.

ODO reviewed documentation of the external peer review program and found the dentist and clinical director had no documentation of external peer reviews conducted at least every two years **(Deficiency MC-8[22])**.

SUICIDE PREVENTION AND INTERVENTION (SP&I)

ODO reviewed the SP&I program, and interviewed a mental health provider, and found the program was not reviewed annually; nor was it approved or signed by the health authority and facility administrator **(Deficiency SP&I-1[23])**.

ODO reviewed 25 training records of staff with responsibility for resident supervision and found one out of 25 staff had no documentation of training during orientation nor annually thereafter **(Deficiency SP&I-2[24])**.

During the inspection, ODO encountered an absence of communication between the facility administration and medical administration. On numerous occasions in conversation, it was expressed to ODO, the medical department was apart from the facility. This was evident when ODO requested the credentials, dates of employment, and schedule of the dentist, who was an off-site county employee. Specifically, the facility administration was unaware of any of the aforementioned information, which ODO noted as an **Area of Concern**.

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[21] "The health authority shall implement a system of internal review and quality assurance. Elements of the system shall include…" *See* ICE FRS 2007, Standard, Medical Care, Section (V)(25)(a) thru (k).

[22] "The health authority shall implement an external peer review program for physicians, mental health professionals, and dentists with reviews conducted at least every two years." *See* ICE FRS 2007, Standard, Medical Care, Section (V)(25).

[23] "Each facility shall have a written suicide prevention and intervention program approved and signed by the health authority and facility administrator and reviewed annually." *See* ICE FRS 2007, Standard, Suicide Prevention and Intervention, Section (V)(1).

[24] "All staff with responsibility for resident supervision shall be trained, during orientation and at least annually on…" *See* ICE FRS 2007, Standard, Suicide Prevention and Intervention, Section (V)(2).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under FRS 2007 and found the facility in compliance with 11 of those standards. ODO found 20 deficiencies in the remaining seven standards. Additionally, ODO assessed a lack of communication between the facility leadership and the medical administration as an Area of Concern. However, this was ODO's first compliance inspection of BCFRC since 2011, and despite the lapse, ODO found facility staff to be skilled and professional. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2011 (FRS)	FY 2020 (FRS)
Standards Reviewed	21	18
Deficient Standards	4	7
Overall Number of Deficiencies	6	20
Repeat Deficiencies	6	1
Corrective Actions	N/A	N/A