



**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

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**Office of Detention Oversight  
Follow-Up Compliance Inspection**

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

**Berks County Family Shelter  
Leesport, Pennsylvania**

**April 19-22, 2021**

**FOLLOW-UP COMPLIANCE INSPECTION**  
**of the**  
**BERKS COUNTY FAMILY SHELTER**  
Leesport, 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 follow-up compliance inspection of the Berks County Family Shelter (BCFS) in Leesport, Pennsylvania, from April 19 to 22, 2021.<sup>1</sup> 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 BCFS 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) 2020.

A BCFS executive director handles daily facility operations and manages █████ support personnel. Cura Hospitality provides food services, the ICE Health Service Corps provides medical care, and Oasis Management Systems provides commissary services at the facility. In March 2017, the BCFS earned the Juvenile and Family Residential Management Unit accreditation.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	96
Average ICE Detainee Population <sup>3</sup>	████
Male Detainee Population (as of April 19, 2021)	0
Female Detainee Population (as of April 19, 2021)	0

During its last inspection, in Fiscal Year (FY) 2021, ODO found 15 deficiencies in the following areas: Admission and Release (1); Environmental Health and Safety (1); Food Service (2); Funds and Personal Property (4); Health Care (1); Sexual Abuse and Assault Prevention and Intervention (4); and Significant Self-Harm and Suicide Prevention and Intervention (2).

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<sup>1</sup> This facility holds adult female, adult male, and female children with low-security classification levels for periods longer than 72 hours.

<sup>2</sup> Data Source: ERO Facility List Report as of April 5, 2021.

<sup>3</sup> *Ibid.*

## **FOLLOW-UP COMPLIANCE INSPECTION PROCESS**

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

While follow-up inspections are intended to focus on previously-identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's UCAP, and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

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, 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.

## FINDINGS BY FAMILY RESIDENTIAL STANDARDS 2020 MAJOR CATEGORIES

FRS 2020 Standards Inspected <sup>4</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Emergency Plans	0
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 – Security</b>	
Admission and Release	2
Funds and Personal Property	1
Sexual Abuse and Assault Prevention and Intervention	0
Use of Physical Control Measures and Restraints	0
<b>Sub-Total</b>	<b>3</b>
<b>Part 3 – Order</b>	
Behavior Management	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 4 – Care</b>	
Food Service	2
Health Care	0
Health Care (Females)	0
Hunger Strikes	0
Significant Self-Harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 5 – Activities</b>	
Educational Policy	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>5</b>

<sup>4</sup> For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

## DETAINEE RELATIONS

The facility's resident population was zero during the ODO follow-up inspection, and therefore, ODO conducted no resident interviews. Although the facility's population count was zero, the facility has an active contract to house residents and their FY 2020 ADP was [REDACTED] which met ODO's inspection criteria of an ADP of 10 or more.

## FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

### SECURITY

#### ADMISSION AND RELEASE (AR)

ODO reviewed 12 resident files and found 3 out of 12 Orders to Detain or Orders to Release (Form I-203) did not contain the appropriate ICE/ERO signature (**Deficiency AR-73<sup>5</sup>**).

#### FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed 12 resident files, interviewed the FPP supervisor, and found the BCFS staff did not use a Baggage Check (Form I-77) to tag each of the residents' large valuables (**Deficiency FPP-51<sup>6</sup>**). **This is a Repeat Deficiency.**

ODO reviewed the facility's FPP audit records since their last ODO inspection and found both incoming and outgoing supervisors did not simultaneously conduct an audit of resident funds, property, and large valuables (**Deficiency FPP-78<sup>7</sup>**). **This is a Repeat Deficiency.**

### CARE

#### FOOD SERVICE (FS)

ODO interviewed the regional food service manager, reviewed the food service program, and found the chaplain did not develop a ceremonial meal schedule for the subsequent calendar year nor did they provide the schedule to the facility administrator (**Deficiency FS-241<sup>8</sup>**).

*Corrective Action:* On April 22, 2021, prior to the completion of the inspection, BCFS created and appropriately disseminated a ceremonial meal schedule, which complied with all requirements of the standard (**C-1**).

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<sup>5</sup> "Form I-203 ("Order to Detain or Release the Resident") bearing the appropriate ICE/ERO Authorizing Official signature, must accompany each newly arriving resident." See ICE FRS, Standard, Admission and Release, Section (F).

<sup>6</sup> "A baggage check (Form I-77) also should be used to tag each large valuable." See ICE FRS, Standard, Funds and Personal Property, Section (I)(3).

<sup>7</sup> "Both incoming and outgoing supervisors simultaneously will conduct an audit of resident funds, property envelopes, and large valuables where physical custody of, or access to such items changes with Center shift changes." See ICE FRS, Standard, Funds and Personal Property, Section (O).

<sup>8</sup> "The Chaplain, in consultation with local religious leaders as necessary, will develop the ceremonial meal schedule for the subsequent calendar year and will provide this schedule to the Center Administrator." See ICE FRS, Standard, Food Service, Section (G)(11).

ODO interviewed the regional food service manager, reviewed the food service program, and confirmed the chaplain did not develop a ceremonial meal schedule for the subsequent calendar year, which included the date, religious group, estimated number of participants, and special foods required (**Deficiency FS-242<sup>9</sup>**).

*Corrective Action:* On April 22, 2021, prior to the completion of the inspection, BCFS created and appropriately disseminated a ceremonial meal schedule, which complied with all requirements of the standard (**C-2**).

## CONCLUSION

During this follow-up inspection, ODO assessed the facility's compliance with 13 standards under FRS 2020 and found the facility in compliance with 10 of those standards. ODO found five deficiencies in the remaining three standards. ODO commends facility staff for their responsiveness during this inspection and notes there were two instances 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>First FY 2021 (FRS 2020)</b>	<b>Second FY 2021 (FRS 2020)</b>
Standards Reviewed	20	13
Deficient Standards	7	3
Overall Number of Deficiencies	15	5
Repeat Deficiencies	0	2
Areas of Concern	0	0
Corrective Actions	0	2

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<sup>9</sup> "The schedule will include the date, religious group, estimated number of participants, and special foods required." See ICE FRS, Standard, Food Service, Section (G)(11).