



**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  
Compliance Inspection**

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

**Berks County Family Shelter  
Leesport, Pennsylvania**

**December 7-11, 2020**

**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 compliance inspection of the Berks County Family Shelter (BCFS) in Leesport, Pennsylvania, from December 7 to 11, 2020.<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.

ERO has assigned deportation officers to the facility. A BCFS Executive Director handles daily facility operations and is supported by █ personnel. Cura Hospitality provides food services and ICE Health Service Corps provides medical care at the facility. The facility was accredited by the Juvenile and Family Residential Management Unit in March 2007.

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 12/7/2020)	█
Female Detainee Population (as of 12/7/2020)	█

During its last inspection, in Fiscal Year (FY) 2020, ODO found 20 deficiencies in the following areas: Environmental Health and Safety (1); Admission and Release (1); Funds and Personal Property (1); Searches of Residents (2); Food Service (5); Medical Care (8); Suicide Prevention and Intervention (2).

<sup>1</sup> This facility holds male and female residents and 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 December 7, 2020.

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

## COMPLIANCE INSPECTION PROCESS

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

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO also highlights instances in which the facility resolves deficiencies prior to completion of the ODO inspection. Where applicable, these corrective actions are annotated with “C” under the *Compliance Inspection Findings* section of this report.

Upon completion of each inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to: (i) assist ERO in developing and initiating corrective action plans; and (ii) provide senior executives with an independent assessment of facility operations. ODO’s findings inform ICE executive management in their decision-making to better allocate resources across the agency’s entire detention inventory.

ODO was unable to conduct 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.

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

## FINDINGS BY FAMILY RESIDENTIAL STANDARDS 2020 MAJOR CATEGORIES

FRS 2020 Standards Inspected <sup>5</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Emergency Plans	0
Environmental Health and Safety	1
<b>Sub-Total</b>	<b>1</b>
<b>Part 2 – Security</b>	
Admission and Release	1
Funds and Personal Property	4
Resident Census	0
Searches and Inspections	0
Sexual Abuse and Assault Prevention and Intervention	4
Staff-Resident Communications	0
Use of Physical Control Measures and Restraints	0
<b>Sub-Total</b>	<b>9</b>
<b>Part 3 – Order</b>	
Behavioral Management	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 4 – Care</b>	
Food Service	2
Health Care	1
Health Care (Female)	0
Hunger Strikes	0
Significant Self-Harm and Suicide Prevention and Intervention	2
<b>Sub-Total</b>	<b>5</b>
<b>Part 5 – Activities</b>	
Educational Policy	0
Religious Practices	0
Telephone Access	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 – Justice</b>	
Grievance System	0
Law Libraries and Legal Material	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>15</b>

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

## DETAINEE RELATIONS

ODO interviewed 10 residents, who each voluntarily agreed to participate. The remaining six residents were minor children. None of the residents made allegations of discrimination, mistreatment, or abuse. Most residents reported satisfaction with facility services except for the concerns listed below. ODO conducted four resident interviews via video teleconference and six resident interviews via telephone. Six of the residents were medically co-horded and unable to go to the facility's video teleconference room.

*Food Service:* One resident stated her child would not eat the facility provided food because it was not prepared for children. Additionally, she stated she had been purchasing food from outside of the facility for her child, but it was expensive, and her child was only eating soup.

- Action Taken: ODO reviewed the facility's food service menu and spoke with the facility's food service administrator (FSA). ODO found the facility's food service menu met nutritional requirements and a registered dietician approved the menu. The facility's food service department provided snacks, fruits, juice, and milk readily available to the residents and their children. The FSA stated she was aware of this resident's concern and was working with her and the facility's medical department to resolve the issue. The facility's medical staff counseled the resident on monitoring the child's snack consumption and on encouraging the child to eat foods from the food service menu. The FSA and the facility's medical staff will continue to monitor the situation and work with the resident to ensure the child maintains proper nutrition.

*Religious Practices:* One resident stated he was unable to speak with a Catholic priest since he arrived at this facility.

- Action Taken: ODO reviewed the resident's file, the facility's religious practices policies, and spoke with the facility's religious services coordinator. ODO found nothing to indicate the resident requested to speak with a Catholic priest. The facility's religious services coordinator requested the facility's chaplain meet with the resident, which occurred on December 10, 2020. The facility's chaplain informed the resident he would arrange for a Catholic priest from outside of the facility to visit with the resident, since Catholic clergy were not routinely on-site.

# COMPLIANCE INSPECTION FINDINGS

## SAFETY

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

ODO reviewed the facility's emergency power generator testing records, spoke with the facility's safety supervisor, and found the facility inspected and tested their emergency power generators on a [REDACTED] basis, instead of every [REDACTED] as the standard required (EHS-17<sup>6</sup>).

## SECURITY

### ADMISSION AND RELEASE (A&R)

ODO reviewed the facility's orientation procedures and found the facility did not provide the residents with an opportunity to view an orientation video as part of their orientation to the facility (A&R-8<sup>7</sup>).

### FUNDS AND PERSONAL PROPERTY (F&PP)

ODO found the facility documented the residents' inventoried property on an "Authorized Property Inventory Sheet" instead of the required Property Receipt (Form G-589) in 12 out of 12 resident files reviewed (F&PP-39<sup>8</sup>).

ODO reviewed 12 resident files, photos of large valuables, interviewed the line supervisor, and found the facility did not tag large valuables with a baggage check form (Form I-77) in 12 out of 12 files reviewed (F&PP-51<sup>9</sup>).

ODO reviewed the facility's F&PP audit records and found both incoming and outgoing supervisors did not simultaneously conduct an audit of resident funds, property, and large valuables (F&PP-78<sup>10</sup>).

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<sup>6</sup> "At least every [REDACTED] emergency power generators will be tested [REDACTED] and the oil, water, hoses, and belts of these generators will be inspected for mechanical readiness to perform in an emergency situation." See ICE FRS 2020, Standard Environmental Health and Safety, Section (A)(5).

<sup>7</sup> "Residents will have an opportunity to view an orientation video." See ICE FRS 2020, Standard Admission and Release, Section (A).

<sup>8</sup> "Staff will use a G-589 'Property Receipt' form to document the inventory, which will include:

- The resident's alien number (A-number) and Center resident number (if used);
- The current date;
- The complete name of the resident, printed legibly;
- The complete names of the two staff inventorying the items;
- Description of the items inventoried (see specific description instructions below);
- Signature of the resident; and
- Signatures of the two staff conducting the inventory." See ICE FRS 2020, Standard Funds and Personal Property, Section (M).

<sup>9</sup> "A baggage check (Form I-77) also should be used to tag each large valuable." See ICE FRS 2020, Standard Funds and Personal Property, Section (I)(3).

<sup>10</sup> "Both incoming and outgoing supervisors simultaneously will conduct an audit of resident funds, property



ODO found the facility use Quick Books Daily to inventory resident funds instead of the Alien Funds Audit Sheet (Form G-786) as the standard required (F&PP-81<sup>11</sup>).

## **SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)**

ODO reviewed the facility's SAAPI policy and found it did not include a requirement to cooperate with all audits and monitoring of the facility's compliance with sexual abuse and assault policies and standards (SAAPI-9<sup>12</sup>).

ODO reviewed the facility's specialized training on sexual abuse and assault for investigators and found it did not address interviewing sexual abuse and assault victims, evidence collection in confinement settings, the criteria and evidence required for administrative action or prosecutorial referral, and information about effective cross-agency coordination in the investigative process (SAAPI-25<sup>13</sup>).

ODO reviewed the facility's training documentation and found the facility did not provide specialized training on sexual abuse and assault, nor on cross-agency coordination, to facility SAAPI investigators (SAAPI-26<sup>14</sup>).

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envelopes, and large valuables where physical custody of, or access to such items changes with Center shift changes." See ICE FRS 2020, Standard Funds and Personal Property, Section (O).

<sup>11</sup> For each audit, Centers will use Form G-786 "Alien Funds Audit Sheet," reflecting, at a minimum, the following information:

- Funds Held by Staff Other than the On-duty Supervisor: At no time will funds be held by staff other than the on-duty supervisor.
- Cash on Hand: The count is to be made by the incoming processing supervisor, who will fill in the appropriate blanks with the amount of each denomination (U.S. currency).
- Checks, Money Orders, or Other Negotiable Items: The incoming supervisor will conduct the count, and will complete the appropriate blanks reflecting the amount of checks, money orders, and other negotiable items.
- Total of G-589 Property Receipts: This figure represents the total amount of funds, checks, money orders, and other negotiable items as reflected by the copies of the G-589 forms in the cash box.
- Disbursed During Shift: This figure represents the total amount of funds disbursed during the shift. The outgoing processing supervisor will enter disbursal information.
- Received During Shift: This figure represents the total amount of funds collected during the shift. The outgoing processing supervisor will complete this information." See ICE FRS 2020, Standard Funds and Personal

Property, Section (O).

<sup>12</sup> "... Each Center will have written policies and procedures for a SAAPI program..."

A requirement to cooperate with all audits and monitoring of Center compliance with SAA policies and standards." See ICE FRS 2020, Standard Sexual Abuse and Assault Prevention and Intervention, Section (A).

<sup>13</sup> "Training on the Center's SAAPI program will be included in training for all employees and will be included in annual refresher training thereafter: ...

- Working with vulnerable populations and addressing their potential vulnerability in the general population;
- Recognition of the physical, behavioral, and emotional signs of SAA, and ways to prevent and respond to such occurrences;
- The investigation process and how to ensure that evidence is not destroyed;
- Prevention, recognition, and appropriate response to allegations or suspicions of SAA involving residents with mental or physical disabilities;
- Instruction on reporting knowledge or suspicion of SAA; and
- Instruction on documentation and referral procedures of all allegations or suspicion of SAA". See ICE FRS 2020, Standard Sexual Abuse and Assault Prevention and Intervention, Section (E).

<sup>14</sup> "... Additionally, the Center will provide specialized training on SAA, and effective cross-agency coordination to

ODO found the facility did not maintain written documentation, which indicated the facility provided specialized training to SAAPI investigators (SAAPI-27<sup>15</sup>).

## **CARE**

### **FOOD SERVICE (FS)**

ODO reviewed the facility's resident handbook and found it did not notify residents the facility offered a no-pork menu for religious reasons (FS-209<sup>16</sup>).

ODO interviewed the FSA who confirmed the facility's food service department did not include the estimated quarterly costs of their common-fare program in their quarterly budget. Additionally, the facility's food service department did not maintain the actual costs for edible items (FS-260<sup>17</sup>).

### **HEALTH CARE (HC)**

ODO reviewed [REDACTED] health care staff credential files and found [REDACTED] credential files were incomplete. Specifically, [REDACTED] were missing from the credential files (HC-12<sup>18</sup>).

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

ODO reviewed the facility's suicide prevention policy, revised on November 11, 2020, and found it did not include the written process for the inclusion of a multidisciplinary suicide prevention committee (SSHSPI-1<sup>19</sup>).

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Center investigators who conduct investigations into Center allegations of SAA." See ICE FRS 2020, Standard Sexual Abuse and Assault Prevention and Intervention, Section (E).

<sup>15</sup> "The Center must maintain written documentation verifying specialized training provided to investigators pursuant to this paragraph." See ICE FRS 2020, Standard Sexual Abuse and Assault Prevention and Intervention, Section (E).

<sup>16</sup> "If a Center has a no-pork menu, to alleviate any confusion for those who observe no-pork diets for religious reasons, this information will be included in the Center's handbook and local supplement and the Center orientation." See ICE FRS 2020, Standard Food Service, Section (G)(6).

<sup>17</sup> "The FSA will estimate quarterly costs for the common fare program and include this figure in the quarterly budget." See ICE FRS 2020, Standard Food Service, Section (G)(13).

<sup>18</sup> "Health care personnel perform duties within their scope of practice for which they are credentialed by training, licensure, certification, job descriptions, and/or written standing or direct orders by personnel authorized by law to give such orders." See ICE FRS 2020, Standard Health Care, Section (B).

<sup>19</sup> "Each Center will have a written self-harm and suicide prevention and intervention program, including a multidisciplinary suicide prevention committee, that will be reviewed and approved by the Clinical Medical Authority (CMA), and approved and signed by the Health Services Administrator (HSA) and Center Administrator." See ICE FRS 2020, Standard Significant Self-Harm and Suicide Prevention and Intervention, Section (A).

ODO reviewed the facility’s suicide prevention program and found nothing to indicate the clinical medical authority, HSA, nor the facility administrator reviewed the program on an annual basis (SSHSP-2<sup>20</sup>).

## CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 20 standards under FRS 2020 and found the facility in compliance with 13 of those standards. ODO found 15 deficiencies in the remaining seven standards. This was BCFS’s first inspection under FRS 2020. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2020 (FRS 2007)</b>	<b>FY 2021 (FRS 2020)</b>
Standards Reviewed	18	20
Deficient Standards	7	7
Overall Number of Deficiencies	20	15
Repeat Deficiencies	1	0
Areas of Concern	2	0
Corrective Actions	0	0

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<sup>20</sup> "The CMA, HSA, and Center Administrator will review the program annually." See ICE FRS 2020, Standard Significant Self-Harm and Suicide Prevention and Intervention, Section (A).