Office of Detention Oversight
Inspection Report

Enforcement and Removal Operations
ERO Philadelphia Field Office
York County Prison
York, Pennsylvania

August 22-24, 2017
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(b) (6), (b) (7)(C)
FACILITY OVERVIEW

The Office of Detention Oversight (ODO) conducted an oversight inspection of the York County Prison (YCP) in York, Pennsylvania from August 22-24, 2017. YCP opened in December 1979 and is owned by the County of York and operated by the York County Prison Board of Inspectors. The Office of Enforcement and Removal Operations (ERO) started housing U.S. Immigration and Customs Enforcement (ICE) detainees in 1993 pursuant to an Intergovernmental Service Agreement (IGSA) with York County Prison, under the oversight of ERO’s Field Office Director (FOD) in Philadelphia, Pennsylvania. The facility operates under the ICE Performance-Based National Detention Standard (PBNDS) 2008.

ERO staff members are assigned to the facility on a full time basis and include: Assistant Field Office Director, Supervisory Detention and Deportation Officer, Supervisory Immigration Enforcement Agents, and a Detention Service Manager. The Warden is the highest-ranking official at YCP and is responsible for oversight of daily operations. County and contract staff members support the Warden and YCP staff. Food service is operated and supervised by York County employees. ICE Health Services Corps and PrimeCare Medical provide medical care at the facility. YCP holds accreditation from the National Commission on Correctional Healthcare.

<table>
<thead>
<tr>
<th>Capacity and Population Statistics</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICE Detainee Bed Capacity²</td>
<td>800</td>
</tr>
<tr>
<td>Average Daily ICE Detainee Population³</td>
<td>698</td>
</tr>
<tr>
<td>Male Detainee Population (as of 08/21/2017)</td>
<td>625</td>
</tr>
<tr>
<td>Female Detainee Population (as of 08/21/2017)</td>
<td>72</td>
</tr>
</tbody>
</table>

¹ Male and female detainees with low, medium, and high security classification levels are housed at the facility for longer than 72 hours.
³ Ibid.
# FY 2017 FINDINGS BY PBNDS 2008 MAJOR CATEGORIES

<table>
<thead>
<tr>
<th>PBNDS 2008 STANDARDS INSPECTED⁴</th>
<th>DEFICIENCIES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Part 1 - Safety</strong></td>
<td></td>
</tr>
<tr>
<td>Environmental Health and Safety</td>
<td>1</td>
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<tr>
<td><strong>Sub-Total</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Part 2 - Security</strong></td>
<td></td>
</tr>
<tr>
<td>Admission and Release</td>
<td>1</td>
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<tr>
<td>Classification System</td>
<td>1</td>
</tr>
<tr>
<td>Funds and Personal Property</td>
<td>0</td>
</tr>
<tr>
<td>Sexual Abuse and Assault Prevention and Intervention (PBNDS 2011)³</td>
<td>0</td>
</tr>
<tr>
<td>Special Management Units</td>
<td>1</td>
</tr>
<tr>
<td>Staff-Detainee Communication</td>
<td>2</td>
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<tr>
<td>Use of Force and Restraints</td>
<td>0</td>
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<tr>
<td><strong>Sub-Total</strong></td>
<td>5</td>
</tr>
<tr>
<td><strong>Part 4 – Care</strong></td>
<td></td>
</tr>
<tr>
<td>Food Service</td>
<td>8</td>
</tr>
<tr>
<td>Medical Care</td>
<td>0</td>
</tr>
<tr>
<td>Suicide Prevention and Intervention (PDNDS 2011)⁵</td>
<td>0</td>
</tr>
<tr>
<td><strong>Sub-Total</strong></td>
<td>8</td>
</tr>
<tr>
<td><strong>Part 5 - Activities</strong></td>
<td></td>
</tr>
<tr>
<td>Telephone Access</td>
<td>1</td>
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<tr>
<td><strong>Sub-Total</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Part 6 – Justice</strong></td>
<td></td>
</tr>
<tr>
<td>Detainee Handbook</td>
<td>0</td>
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<tr>
<td>Grievance System</td>
<td>2</td>
</tr>
<tr>
<td>Law Libraries and Legal Materials</td>
<td>4</td>
</tr>
<tr>
<td><strong>Sub-Total</strong></td>
<td>6</td>
</tr>
<tr>
<td><strong>Total Deficiencies</strong></td>
<td>21</td>
</tr>
</tbody>
</table>

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⁴ For greater detail on ODO’s findings, see the Inspection Findings section of this report.

⁵ The facility is contractually obligated to comply with the requirements of ICE PBNDS 2011, Sexual Abuse and Assault Prevention and Intervention.

⁶ The facility is contractually obligated to comply with the requirements of ICE PBNDS 2011, Significant Self-harm and Suicide Prevention and Intervention.
OVERSIGHT INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, and where detainees are housed for over 72 hours, to assess their compliance with the ICE National Detention Standards (NDS) 2000, or the Performance-Based National Detention Standards (PBNDS) 2008 or 2011, as applicable. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being. ODO identifies violations linked to ICE detention standards, ICE policies, or operational procedures as deficiencies.

For facilities governed by either the PBNDS 2008 or 2011, ODO specifically notes deficiencies related to ICE-designated “priority components” which are considered critical to facility security and the legal and civil rights of detainees. ODO also highlights instances when the facility resolves deficiencies prior to completion of the ODO inspection. These corrective actions are annotated with “C” under the Inspection Findings section of this report.

At the conclusion of each inspection, ODO holds a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is also shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final 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. Additionally, ODO findings inform ICE executive management decision making in better allocating resources across the agency’s entire detention inventory.

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7 ODO reviews the facility’s compliance with selected standards in their entirety.
DETAINEE RELATIONS

ODO interviewed 24 detainees, each of whom volunteered to participate. Although no detainees made allegations of discrimination, one detainee did allege that a member of the staff verbally abused him, as described below. Otherwise, the majority of detainees reported being satisfied with facility services:

Medical Care: One detainee stated during his last medical visit he felt verbally abused by the staff member who saw him. Specifically, in response to his medical complaint, the detainee alleged that the staff member said, “You do not look like you’re in pain.”

- **Action Taken:** ODO reviewed the detainee’s medical record and noted the Physician Assistant (PA) who examined the detainee stated in the record the detainee did not appear to be in pain, walked with a normal gate, and did not limp. However, given the detainee’s medical history and past surgeries he was enrolled in the chronic care program for ongoing follow-up. The detainee informed ODO he did not wish to file a formal complaint. ODO notified ICE and facility leadership of the detainee’s claim that he felt disrespected.

Staff Detainee Communication: Twelve detainees claimed they had never interacted with visiting ERO staff.

- **Action Taken:** ODO reviewed the visitor log, Facility Liaison Checklists, ICE visitation schedule, and spoke with the SDDO. The SDDO confirmed ICE officers visit the housing units weekly for scheduled and unscheduled visits, although the schedule identifying when an ICE officer will be visiting is not posted in all housing units. Detainees nevertheless have the opportunity to sign up for scheduled visits, which, as ODO verified, the logs sufficiently document.
OVERSIGHT INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO found the sanitation of facility areas to be acceptable and safety measures to be in place, with the exception of the monthly fire drills. YCP fire drill reports document they are conducted monthly in accordance with the standard; however, emergency drills do not document the timing requirement for drawing of emergency keys and unlocking doors (Deficiency EH&S-1\(^8\)).

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed the orientation video and confirmed it provides useful information on facility procedures and services; however, the YCP orientation procedures have not been approved by ERO (Deficiency AR-1\(^9\)).

Corrective Action: Prior to the completion of the inspection, the Field Office issued a memorandum approving the procedures (C-1).

CLASSIFICATION SYSTEM (CS)

ODO’s review of classification documentation and housing unit rosters confirmed detainees were appropriately housed. However, ODO observed Level III detainees moving unescorted throughout the facility. Facility staff confirmed Level III detainees are only escorted when assigned to disciplinary or administrative segregation (Deficiency CS-1\(^{10}\)).

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\(^8\)“Emergency-key drills shall be included in each fire drill, and timed. Emergency keys shall be drawn and used by the appropriate staff to unlock one set of emergency exit doors not in daily use. NFPA recommends a limit of four and one-half minutes for drawing keys and unlocking emergency doors. However, when conducting fire drills emphasis will be placed on safe and orderly evacuation rather than speed.” See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (VII)(D)(3).

\(^9\)“Orientation procedures in IGSAs must be approved in advance by the ICE/DRO office of jurisdiction.” See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(F).

\(^{10}\)“Level 1 detainees may not be co-mingled with Level 3 detainees, Level 3 detainees are always monitored and escorted. Level 3 detainees may not be co-mingled with Level 1 detainees.” See ICE PBNDS 2008, Standard, Classification System, Section (V)(F)(1)(3). **This is both a priority component and a repeat deficiency.**
SPECIAL MANAGEMENT UNITS (SMU)

Religious services are provided for SMU detainees; however, YCP does not have procedures to allow detainees to retain religious items in their possession (Deficiency SMU-1\textsuperscript{11}).

STAFF-DETAINEE COMMUNICATION (SDC)

The schedule identifying the day of ICE officer visits is not posted in all housing units (Deficiency SDC-1\textsuperscript{12}). Also, notices highlighting the Department of Homeland Security, Office of Inspector General hotline and the Detainee Reporting Information Line (DRIL) posters are not posted in each housing unit where detainees are able to routinely see them (Deficiency SDC-2\textsuperscript{13}).

CARE

FOOD SERVICE (FS)

The food service areas were clean and well organized; however, ODO observed the grease filters in ventilation hoods and heat shields for the deep fat fryers were soiled with grease and food debris (Deficiency FS-1\textsuperscript{14}). ODO’s inspection of the storage areas found food items stored on metal shelving units and wood pallets were not properly spaced from the walls (Deficiency FS-2\textsuperscript{15}). Although ODO did not observe any signs of pests, proper spacing in accordance with the standard is essential for the facilitation of pest control measures. ODO found the exit door located at the rear of the food service area leading outside is not equipped with an air curtain (Deficiency FS-3\textsuperscript{16}). Air curtains are required to prevent insects from entering the buildings and contaminating food products. Additionally, ODO observed water leaking from the ceiling in the large walk-in cooler (Deficiency FS-4\textsuperscript{17}). ODO observed the tray preparation of the noon meal...
on Tuesday, August 22, 2017 and found the beef patties were not maintained at 140 F degrees (Deficiency FS-5\textsuperscript{18}).

Corrective Action: The Food Service Authority (FSA) immediately had the beef patties removed from the serving line and replaced with patties that were 157 F degrees (C-2).

ODO observed food temperatures are not recorded on assembly line #1 for medical diet trays (Deficiency FS-6\textsuperscript{19}). Maintaining food temperatures is essential to prevent food-borne illness and logging the temperatures demonstrates compliance with proper temperatures. Further, hot foods are not placed in a heated serving line during tray assembly (Deficiency FS-7\textsuperscript{20}).

Corrective Action: During the inspection food service personnel began documenting food temperatures for assembly line #1 in the daily activity log book, and the FSA modified the assembly line food temperature log sheet to include assembly line #1 (C-3).

The staff restroom and detainee restroom were observed to be equipped with hot and cold water, soap, paper towels, and signs directing workers to wash hands before returning to work. However, ODO found the stand-alone hand-washing units throughout the kitchen area were not equipped with hot water, soap, and hand-wash signs (Deficiency FS-8\textsuperscript{21}).

ACTIVITIES

TELEPHONE ACCESS (TA)

In several housing units, notices that detainee phone calls are subject to monitoring and how to request an unmonitored call are not located near the phones or where they can be seen while using the phones (Deficiency TA-1\textsuperscript{22}).
JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed facility grievance policies and noted the response times were set at 10 days which exceeds the mandatory five days called for in the standard. ODO reviewed 30 medical records and determined only 33% met the five-day requirement, though all grievances received a response (Deficiency GS-123). Additionally, ODO reviewed 98 non-medical grievance records and found just 64% met the five-day requirement (Deficiency GS-224).

LAW LIBRARIES AND LEGAL MATERIAL (LL&LM)

There is no designated law library coordinator who inspects the law library unit on a daily basis (Deficiency LL&LM-125). The facility handbook or equivalent does not provide detainees with the scheduled hours of access to the law library (Deficiency LL&LM-226). The facility handbook or equivalent does not provide detainees with the procedure for requesting legal reference materials not maintained in the law library (Deficiency LL&LM-327). Further, the facility does not have the policies and procedures of the law library along with a list of its holdings posted in all law library units (Deficiency LL&LM-428).

\[23\] “Designated medical staff shall act on the grievance within five working days of receipt and provide the detainee a written response of the decision and the rationale.” See PBNDS 2008, Standard, Grievance System, Section (V)(C)(3)(c).

\[24\] “The responsible department head shall provide the detainee a written response of the decision and the rationale. That person shall act on the grievance within five working days of receipt.” See PBNDS 2008, Standard, Grievance System, Section (V)(C)(3)(f).

\[25\] “Each facility administrator shall designate a facility law library coordinator to be responsible for updating legal materials, inspecting them weekly, maintaining them in good condition and replacing them promptly as needed.” See PBNDS 2008, Standard, Law Libraries and Legal Material, Section (V)(E)(2).

\[26\] “The Detainee Handbook or supplement shall provide detainees with the rules and procedures governing access to legal materials, including the following information: The scheduled hours of access to the law library.” See PBNDS 2008, Standard, Law Libraries and Legal Material, Section (V)(O)(2).

\[27\] “The Detainee Handbook or supplement shall provide detainees with the rules and procedures governing access to legal materials, including the following information: The procedure for requesting legal reference materials not maintained in the law library.” See PBNDS 2008, Standard, Law Libraries and Legal Material, Section (V)(O)(5).

\[28\] “These policies and procedures shall be posted in the law library along with a list of the law library’s holdings.” See PBNDS 2008, Standard, Law Libraries and Legal Material, Section (V)(O).
CONCLUSION

ODO reviewed the facility’s compliance with fifteen (15) standards and found the facility compliant with six (6) standards. ODO found 21 deficiencies in the remaining nine (9) standards. While the facility initiated corrective action in several areas while ODO was on-site; ODO found a deficiency in a priority component that was also a repeat deficiency from our last inspection. ODO recommends ERO work with facility personnel to remedy all outstanding deficiencies, as applicable and in accordance with contractual obligations.

<table>
<thead>
<tr>
<th>Inspection Results Compared</th>
<th>FY 2014 (PBNDS 2008)</th>
<th>FY 2017 (PBNDS 2008)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standards Reviewed</td>
<td>19^29</td>
<td>15</td>
</tr>
<tr>
<td>Deficient Standards</td>
<td>15</td>
<td>9</td>
</tr>
<tr>
<td>Overall Number of Deficiencies</td>
<td>30</td>
<td>21</td>
</tr>
<tr>
<td>Deficient Priority Components</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Corrective Actions</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

^29 The FY 2014 ODO inspection included all of the FY 2017 standards plus Correspondence and other Mail, Disciplinary System, Hunger Strikes, and Personal Hygiene.