



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

---

# Office of Detention Oversight Inspection Report

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

August 22-24, 2017

**OVERSIGHT INSPECTION  
for the  
YORK COUNTY PRISON  
York, Pennsylvania**

**TABLE OF CONTENTS**

**OVERVIEW**

Facility Overview ..... 1  
Findings by Performance-Based National Detention Standard (PBNDS) 2008 Major  
Categories ..... 2

**OVERSIGHT INSPECTION PROCESS** ..... 3

**DETAINEE RELATIONS** ..... 4

**OVERSIGHT INSPECTION FINDINGS**

**SAFETY**

Environmental Health and Safety ..... 5

**SECURITY**

Admission and Release ..... 5  
Classification System ..... 5  
Special Management Units ..... 6  
Staff-Detainee Communication ..... 6

**CARE**

Food Service ..... 6

**ACTIVITIES**

Telephone Access ..... 7

**JUSTICE**

Grievance System ..... 8  
Law Libraries and Legal Materials ..... 8

**CONCLUSION** ..... 9

**(b) (6), (b) (7)(C)**

Section Chief (Team Lead)  
Inspections and Compliance Specialist  
Inspections and Compliance Specialist  
Contractor  
Contractor  
Contractor  
Contractor

ODO  
ODO  
ODO  
Creative Corrections  
Creative Corrections  
Creative Corrections  
Creative Corrections

## 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.<sup>1</sup> 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. (b) (7)(E) 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.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	800
Average Daily ICE Detainee Population <sup>3</sup>	698
Male Detainee Population (as of 08/21/2017)	625
Female Detainee Population (as of 08/21/2017)	72

<sup>1</sup> Male and female detainees with low, medium, and high security classification levels are housed at the facility for longer than 72 hours.

<sup>2</sup> Data Source: ERO Facility List Report as of August 21, 2017.

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

## FY 2017 FINDINGS BY PBNDS 2008 MAJOR CATEGORIES

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

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

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

<sup>6</sup> 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.<sup>7</sup> 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.

---

<sup>7</sup> 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 gait, 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<sup>8</sup>**).

## 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<sup>9</sup>**).

*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<sup>10</sup>**).

---

<sup>8</sup> "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).

<sup>9</sup> "Orientation procedures in IGSA's must be approved in advance by the ICE/DRO office of jurisdiction." See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(F).

<sup>10</sup> "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<sup>11</sup>**).

## **STAFF-DETAINEE COMMUNICATION (SDC)**

The schedule identifying the day of ICE officer visits is not posted in all housing units (**Deficiency SDC-1<sup>12</sup>**). 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<sup>13</sup>**).

## **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<sup>14</sup>**). 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<sup>15</sup>**). 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<sup>16</sup>**). 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<sup>17</sup>**). ODO observed the tray preparation of the noon meal

---

<sup>11</sup> "Detainees in SMU's shall be allowed visits by the members of clergy, upon request, unless the supervisor determines such a visit presents a safety or security risk, or would interfere with the orderly operation of the facility. Violent and uncooperative detainees may be temporarily denied access to religious guidance. Staff shall advise the clergy member of the detainee's present state of behavior before he or she agrees to visit the detainee. Each facility will develop procedures to allow detainees to retain religious items within their possession consistent with good security practices." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(B)(15).

<sup>12</sup> "The facility administrator or Supervisory Detention and Deportation Officer (SDDO) shall develop written schedules of weekly visits and ensure they are posted in detainee living area and other appropriate areas." See ICE PBNDS 2008, Standard, Staff Detainee Communication, Section (V)(A)(2)(a).

<sup>13</sup> "In each IGSA and ICE staging area, the facility administrator shall ensure that posters are mounted in every housing unit and in appropriate common areas (recreation areas, dining areas, processing areas, etc.)." See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(D)(3).

<sup>14</sup> "Hood systems shall be cleaned after each use to prevent grease build-up, which constitutes a fire risk. All deep fryers and grills shall be equipped with automatic fuel or energy shut-off controls." See ICE PBNDS 2008, Standard Food Service, Section (V)(J)(12)(f).

<sup>15</sup> "The following procedures apply when receiving or storing food: Store all products at least six inches from the floor and sufficiently far from walls to facilitate pest-control measures. A painted line may guide pallet placement." See ICE PBNDS 2008, Standard, Food Service, Section (V)(K)(3)(d).

<sup>16</sup> "Air curtains or comparable devices shall be used on outside doors where food is prepared, stored, or served to protect against insects and other rodents." See ICE PBNDS 2008, Standard, Food Service, Section (V)(J)(10).

<sup>17</sup> "Food and ice shall be protected from dust, insects and rodents, unclean utensils and work surfaces, unnecessary handling, coughs and sneezes, flooding, drainage, overhead leakage, and other sources of contamination. Protection



on Tuesday, August 22, 2017 and found the beef patties were not maintained at 140 F degrees (**Deficiency FS-5<sup>18</sup>**).

*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<sup>19</sup>**). 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<sup>20</sup>**).

*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<sup>21</sup>**).

## **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<sup>22</sup>**).

---

shall be continuous, whether the food is in storage, in preparation, on display, or in transit.” See ICE PBNDS 2008, Standard, Food Service, Section (V)(F)(5).

<sup>18</sup> “Sanitary guidelines are observed, with hot foods maintained at a temperature of at least 140 F degrees (120 degrees in food trays) and foods that require refrigeration maintained at 41 F degrees or below.” See ICE PBNDS 2008, Standard, Food Service, Section (V)(D)(2)(a). **This is a priority component.**

<sup>19</sup> “All of the food service department equipment (ranges, ovens, refrigerators, mixers, dishwashers, garbage disposal, and etc.) require frequent inspection to ensure their sanitary and operable condition. Staff shall check refrigerator and water temperatures daily and record the results. The FSA or designee will verify and document requirements of food and equipment temperatures.” See ICE PBNDS 2008, Standard, Food Service, Section (V)(J)(13). **This is a priority component.**

<sup>20</sup> “Foods in the potentially hazardous category should remain under refrigeration until cooking time and, after cooking, maintained at or above 140 F degrees. Hot foods must be placed in a heated serving line during tray assembly. Thermal bags and carts, refrigerated carts, thermal compartment trays, etc., shall be used for satellite meals.” See ICE PBNDS 2008, Standard, Food Service, Section (V)(I)(1).

<sup>21</sup> “Adequate and conveniently located toilet facilities shall be provided for all food service staff and detainee workers. Toilet fixtures shall be of sanitary design and readily cleaned. Toilet rooms and fixtures shall be kept clean and in good repair. Signs shall be prominently displayed. Lavatories shall have readily available hot and cold water. Soap or detergent and paper towels or a hand-drying device providing heated air shall be available at all times in each lavatory. Waste receptacles shall be conveniently placed near the hand-washing facilities.” See ICE PBNDS 2008, Standard, Food Service, Section (V)(J)(9).

<sup>22</sup> “Each facility shall have a written policy on the monitoring of detainee telephone calls. If telephone calls are monitored, the facility shall: At each monitored telephone, place a notice that states: that detainee calls are subject to monitoring. The procedure for obtaining an unmonitored call to a court, a legal representative, or for the purposes

## **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-1**<sup>23</sup>). Additionally, ODO reviewed 98 non-medical grievance records and found just 64% met the five-day requirement (**Deficiency GS-2**<sup>24</sup>).

### **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-1**<sup>25</sup>). The facility handbook or equivalent does not provide detainees with the scheduled hours of access to the law library (**Deficiency LL&LM-2**<sup>26</sup>). 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-3**<sup>27</sup>). 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-4**<sup>28</sup>).

---

of obtaining legal representation. The notice will be in English, Spanish, and the next most prevalent language at the facility.” See ICE PBNDS 2008, Standard, Telephone Access, Section (V)(B).

<sup>23</sup> “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)(2)(c).

<sup>24</sup> “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)(2)(f).

<sup>25</sup> “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).

<sup>26</sup> “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).

<sup>27</sup> “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).

<sup>28</sup> “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.

<b>Inspection Results Compared</b>	<b>FY 2014 (PBNS 2008)</b>	<b>FY 2017 (PBNS 2008)</b>
Standards Reviewed	19 <sup>29</sup>	15
Deficient Standards	15	9
Overall Number of Deficiencies	30	21
Deficient Priority Components	5	3
Corrective Actions	2	3

---

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