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U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
ICE Inspections
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**Office of Detention Oversight
Unannounced Compliance Inspection
2024-001-243**

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

**Pike County Correctional Facility
Lords Valley, Pennsylvania**

February 27-29, 2024

UNANNOUNCED COMPLIANCE INSPECTION
of the
PIKE COUNTY CORRECTIONAL FACILITY
Lords Valley, 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 an unannounced compliance inspection of the Pike County Correctional Facility (PCCF) in Lords Valley, Pennsylvania, from February 27 to 29, 2024.¹ The facility opened in 1995 and is owned and operated by Pike County. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at PCCF in 1996 under the oversight of ERO’s Field Office Director in Philadelphia (ERO Philadelphia). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

[REDACTED] A warden handles daily facility operations and manages [REDACTED] support personnel. Pike County provides food services, PrimeCare Medical, Inc. provides medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in July 2019. In January 2022, PCCF was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA certified.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of February 27, 2024)	[REDACTED]
Adult Female Population (as of February 27, 2024)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found 14 deficiencies in the following areas: Correspondence and Other Mail (1); Custody Classification System (1); Detainee Handbook (2); Disability Identification, Assessment, and Accommodation (1); Food Service (2); Key and Lock Control (2); Medical Care (1); Recreation (1); and Significant Self-harm and Suicide Prevention and Intervention (3).

¹ This facility holds male detainees with low, medium-low, medium-high, and high security classification levels for periods greater than 72 hours.

² Data Source: ERO Custody Management Division Authorized Facility List as of February 26, 2024.

³ *Ibid.*

UNANNOUNCED COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures, as “deficiencies.” ODO highlights instances when 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.

In FY 2022, ODO began conducting special reviews of under 72-hour ICE detention facilities with an ADP of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1 to 9 detainees. Additionally, ODO began conducting unannounced inspections of ICE detention facilities, regardless of ADP of detainees, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facility inspections will result in an ODO Inspection Compliance Rating; however, for facilities that are not contractually obligated to an ICE NDS, those ratings will be for ERO’s informational purposes. ODO will conduct a complete review of several core standards, in accordance with the facility’s contractually required ICE NDS or in accordance with the ICE NDS listed in the current ERO Custody Management Division Authorized Facility List for facilities that are not contractually obligated to an ICE NDS, which may include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Significant Self-harm and Suicide Prevention and Intervention, Hunger Strikes, Food Service, Environmental Health and Safety, Special Management Units (SMU) or Hold Rooms (if the facility does not have an SMU), Use of Force and Restraints/Use of Physical Control Measures, and Sexual Abuse and Assault Prevention and Intervention.

Upon completion of each special review or unannounced 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 uniform corrective action plans (UCAPs); 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.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES

PBNDs 2011 (Revised 2016) Standards Inspected ^{5,6,7}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Population Counts	0
Post Orders	0
Searches of Detainees	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	0
Part 5 - Activities	
Correspondence and Other Mail	0
Trips for Non-Medical Emergencies	0
Marriage Requests	0
Religious Practices	1
Telephone Access	0
Voluntary Work Program	0

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

⁶ Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

⁷ During an unannounced inspection, ODO will review a facility's compliance with at least 10 individual standards; however, unannounced full inspections will include a review of the same standards as announced full inspections.

Sub-Total	1
Part 6 - Justice	
Grievance System	0
Law Libraries and Legal Materials	0
Sub-Total	0
Part 7 - Administration and Management	
Detention Files	0
Detainee Transfers	0
Sub-Total	
Total Deficiencies	1

DETAINEE RELATIONS

ODO interviewed 33 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services.

UNANNOUNCED COMPLIANCE INSPECTION FINDINGS

ACTIVITIES

RELIGIOUS PRACTICES (RP)

ODO reviewed the site-specific detainee handbook and found that religious headwear is not permitted to be worn in all areas of the facility (**Deficiency RP-66**⁸).

ADMINISTRATION AND MANAGEMENT

DETAINEE TRANSFERS (DT)

ODO interviewed the assigned SDDO and found at the time of the transfer, the facility did not use a Detainee Transfer Notification Form or equivalent, providing detainees in writing, the name, address, and telephone number of the facility to which he or she is being transferred. However, the facility has not conducted any transfers during the period of review, ODO cites the facility's lack of use of the Detainee Transfer Notification Form or equivalent as an **Area of Concern**.

CONCLUSION

During this unannounced compliance inspection, ODO assessed the facility's compliance with 28 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 27 of those standards. ODO found one deficiency in the remaining standard. Since PCCF's last full

⁸ "Religious headwear, notably kufis, yarmulkes, turbans, crowns and headbands, as well as scarves and head wraps for Orthodox Christian, Muslim and Jewish women are permitted in all areas of the facility, subject to the normal considerations of the safety, security and orderly operation of the facility, including inspection by staff." See ICE PBNDS 2011 (Revised 2016), Standard, Religious Practices, Section (V)(J).

compliance inspection in April 2023, the facility’s overall all compliance with ICE PBNDS 2011 (Revised 2016) has trended upward. PCCF went from 9 deficient standards and 14 deficiencies in April 2023 to 1 deficient standard and 1 deficiency during this unannounced compliance inspection. ODO received the facility’s completed UCAP for its last full inspection in June 2023, which resolved the previous deficiencies ODO cited. ODO recommends ERO Philadelphia continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2023 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	24	28
Deficient Standards	9	1
Overall Number of Deficiencies	14	1
Priority Component Deficiencies	0	0
Repeat Deficiencies	5	0
Areas Of Concern	0	0
Corrective Actions	2	0
Facility Rating	Good	Superior