



U.S. Department of Homeland Security

Immigration and Customs Enforcement
Office of Professional Responsibility
Inspections and Detention Oversight
Washington, DC 20536-5501

**Office of Detention Oversight
Compliance Inspection**

**Enforcement and Removal Operations
Philadelphia Field Office
Pike County Correctional Facility
Lords Valley, Pennsylvania**

September 10 – 12, 2013

**COMPLIANCE INSPECTION
PIKE COUNTY CORRECTIONAL FACILITY
PHILADELPHIA FIELD OFFICE**

TABLE OF CONTENTS

INSPECTION PROCESS

Report Organization.....	1
Inspection Team Members.....	2

EXECUTIVE SUMMARY	3
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OPERATIONAL ENVIRONMENT

Internal Relations	10
Detainee Relations	10

ICE 2008 PERFORMANCE-BASED NATIONAL DETENTION STANDARDS

Detention Standards Reviewed.....	13
Classification System.....	14
Detainee Handbook	15
Detention Files	16
Disciplinary System	18
Food Service	20
Grievance System	22
Personal Hygiene	25
Recreation	27
Staff-Detainee Communication	28
Telephone Access	28
Use of Force and Restraints	30
Visitation.....	32

INSPECTION PROCESS

The U.S. Immigration and Customs Enforcement (ICE), Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO) conducts broad-based compliance inspections to determine a detention facility's overall compliance with the applicable ICE National Detention Standards (NDS) or Performance-Based National Detention Standards (PBNDS) and ICE policies. ODO bases its compliance inspections around specific detention standards, also referred to as core standards, which directly affect detainee health, safety, and well-being. Inspections may also be based on allegations or issues of high priority or interest to ICE executive management.

Prior to an inspection, ODO reviews information from various sources, including but not limited to, the Joint Intake Center (JIC), Enforcement and Removal Operations (ERO), detention facility management, and other program offices within the U.S. Department of Homeland Security (DHS). Immediately following an inspection, ODO hosts a closeout briefing at which all identified deficiencies are discussed in person with both facility and ERO field office management. Within days, ODO provides ERO a preliminary findings report, and later, a final report, to assist in developing corrective actions to resolve identified deficiencies.

REPORT ORGANIZATION

ODO's compliance inspection reports provide executive ICE and ERO leadership with an independent assessment of the overall state of ICE detention facilities. They assist leadership in ensuring and enhancing the health, safety, and well-being of detainees and allow ICE to make decisions on the most appropriate actions for individual detention facilities nationwide.

ODO defines a deficiency as a violation of written policy that can be specifically linked to ICE detention standards, ICE policies, or operational procedures. Deficiencies in this report are highlighted in bold and coded using unique identifiers. Recommendations for corrective actions are made where appropriate. The report also highlights ICE's priority components, when applicable. Priority components have been identified for the 2008 and 2011 PBNDS; priority components have not yet been identified for the NDS. Priority components, which replace the system of mandatory components, are designed to better reflect detention standards that ICE considers of critical importance. These components have been selected from across a range of detention standards based on their importance to factors such as health and safety, facility security, detainee rights, and quality of life in detention. Deficient priority components will be footnoted, when applicable. Comments and questions regarding this report should be forwarded to the Deputy Division Director, OPR ODO.

INSPECTION TEAM MEMBERS

(b)(6), (b)(7)c	Detention and Deportation Officer (Team Lead)	ODO, Phoenix
	Section Chief	ODO, Headquarters
	Inspections and Compliance Specialist	ODO, Headquarters
	Inspections and Compliance Specialist	ODO, Headquarters
	Inspections and Compliance Specialist	ODO, Headquarters
	Contract Inspector	Creative Corrections

(b)(6), (b)(7)c

Contract Inspector
Contract Inspector
Contract Inspector

Creative Corrections
Creative Corrections
Creative Corrections

EXECUTIVE SUMMARY

ODO conducted a Compliance Inspection (CI) of the Pike County Correctional Facility (PCCF) in Lords Valley, Pennsylvania, from September 10 to 12, 2013. ERO began housing detainees at Pike County in 1996 under a dedicated intergovernmental service agreement (IGSA) with Pike County. Male and female detainees of all security classification levels (Level I - lowest threat, Level II - medium threat, Level III - highest threat) are detained at the facility for periods in excess of 72 hours. The CI evaluated PCCF's compliance with the 2008 PBNDS.

The ERO Field Office Director (FOD), in Philadelphia, Pennsylvania (ERO Philadelphia), is responsible for ensuring facility compliance with ICE policies and the PBNDS. (b)(7)e ICE employees are permanently located at PCCF.

Capacity and Population Statistics	Quantity
Total Bed Capacity	375
ICE Detainee Bed Capacity	220
Average Daily Population	300
Average ICE Detainee Population	167
Average Length of Stay (Days)	52
Male Detainee Population Count (on 9/10/13)	193
Female Detainee Population Count (on 9/10/13)	0

PCCF provides food services, and PrimeCare Medical, Inc. provides medical services. The National Commission on Correctional Health Care last accredited PCCF on June 3, 2013.

In September 2011, ODO conducted an inspection of the PCCF under the 2000 NDS. ODO reviewed a total of 25 NDS and found PCCF compliant with 13 standards. ODO found a total of 27 deficiencies in the remaining 12 standards.

During this CI, ODO reviewed 23 standards and found PCCF compliant with 11 standards. ODO found 22 deficiencies, five of which relate to priority components, in the following 12 standards: Classification System (1 deficiency), Detainee Handbook (2), Detention Files (3), Disciplinary System (1), Food Service (1), Grievance System (6), Personal Hygiene (3), Recreation (1), Staff-Detainee Communication (1), Telephone Access (1), Use of Force and Restraints (1), and Visitation (1).

This report details all deficiencies and refers to the specific, relevant sections of the PBNDS. ERO will be provided a copy of this report to assist in developing corrective actions to resolve all identified deficiencies. ODO discussed these deficiencies with PCCF and ICE personnel during the inspection, and at a closeout briefing conducted on September 12, 2013.

Detainees are pre-classified by ERO before arriving at PCCF. During the intake process, the PCCF classification coordinator reviews classification levels. Policy and procedures are in place for review of detainees' classification levels every 60 days. Policy and procedures also address the reclassification of detainees following disciplinary actions, or in the event new information relevant to the detainee's classification becomes known. A review of 20 detention files confirmed all contained documentation of initial and reclassifications, as well as appropriate information supporting classification decisions.

Upon the arrival of detainees at PCCF, corrections officers create detention files, which include photographs and fingerprint records; complete a detailed observation questionnaire; and conduct criminal history checks. Corrections officers inspect property for contraband, inventory funds and valuables, issue signed and dated receipts, and secure all funds and personal property. Corrections officers issue facility clothing, linens, hygiene kits, and the national and local detainee handbooks. Before a detainee leaves intake, PCCF medical staff completes the detainee medical and mental health intake screening.

During admission, corrections officers request that detainees complete a PCCF Consent to Unclothed Search Form. PCCF staff only conducts unclothed searches upon having reasonable suspicion or probable cause that a detainee may be a risk to the facility, facility employees, or to the health and welfare of other detainees. Facility policy and procedure requires supervisory approval and supporting documentation noting a reasonable suspicion or probable cause that warrants an unclothed search. ODO's review of 20 active and 10 archived detention files confirmed the presence of unclothed search forms documenting reasonable suspicion, and or probable cause.

ODO determined that the corrections officers completing the admissions portion of the detention file fail to note the activation of the file. All of the 20 active detention files reviewed contained original photographs, personal property inventory sheets, and receipts for property and baggage. However, none of the 20 active files reviewed contained Form I-385 (Alien Booking Record), complete classification worksheets, housing identification cards, or I-77 baggage checks, required by the PBNDS to be in every detention file. ODO reviewed ten archived detention files to determine the presence of required documentation. ODO found staff members had not placed the original Form I-385 within all ten files, and prior to closing the files, officers failed to note the files were complete and ready for archiving.

The detainee handbook notifies detainees of the rules and regulations, rights, disciplinary procedures, sanctions, and of the appeals process. Handbooks are available in English and Spanish. ODO's review of the Spanish version of the local handbook found incorrectly translated words, numerous mistakes in grammatical structure, and confusing information that could be difficult for detainees to understand. In addition, the handbook does not provide detainees with procedures for requesting interpretive services for essential communication, and procedures for filing medical grievances.

Upon analysis of housing unit rosters, ODO determined there were 18 Level I detainees and five Level III detainees located in housing unit B. ODO confirmed PCCF does not permit the commingling of Level I and III detainees; however, although PCCF keeps detainees separated from each other, detainees were readily able to see, hear, and communicate with one another. Isolating Level I and Level III detainees from each other improves security and safety.

PCCF disciplinary policy encourages the informal resolution of rule violations where possible. The facility classifies prohibited acts as Class I (highest offense), Class II, and Class III (minor violation) offenses. PCCF's (b)(7)e member disciplinary panel consists of (b)(7)e supervisor, (b)(7)e officer, who is not involved in the incident, and (b)(7)e counselor or other department employee. The disciplinary panel adjudicates both Class I and II offenses and has the authority to impose disciplinary segregation. Class III offenses are minor violations informally adjudicated by the

housing unit officer. PCCF does not have a Unit Disciplinary Committee or other intermediate level of adjudication.

ODO reviewed the Environmental Health and Safety standard at PCCF, and did not find any deficiencies. The facility adheres to high standards of cleanliness and sanitation. During interviews, detainees commented positively on the cleanliness of the facility.

The Fire Safety Officer maintains a master index of hazardous substances noting storage locations, and emergency phone numbers. The index also includes a master file of Material Safety Data Sheets, and documentation of reviews conducted by the local fire chief. PCCF conducts weekly and monthly fire drills, fire and safety inspections, and quarterly inspections of fire protection equipment. ODO notes PCCF inspects the facility fire extinguishers as required. Monthly fire drills include the actual evacuation detainees. ODO observed evacuation plans posted throughout the facility, printed in English and Spanish. The local fire training director reviewed and approved the facility's fire prevention control and evacuation plans in March 2013.

A review of (b)(7)e randomly selected training files confirmed staff training in the storage and handling of flammable, toxic, and caustic chemicals, and fire and safety procedures. ODO's inspection of running inventories of hazardous substances confirmed their accuracy, and material safety data sheets were present at their locations. ODO observed that material safety data sheets for chemicals are maintained in binder and attached to rolling carts used in the housing units, in case of an emergency. ODO noted this procedure as a best practice.

PCCF staff manages the food services department. Staffing consists of a Food Service Director, Assistant Food Service Director (b)(7)e Food Production Supervisors, and (b)(7)e Food Service Supervisors. A crew of (b)(7)e inmates and detainees supports the food service operation, which included (b)(7)e ICE detainees at the time of the inspection. ODO verified all employees and workers received medical clearances prior to working in the kitchen, and were visually inspected by staff for any signs of illness or personal hygiene concerns prior to starting their shift.

The sack meals provided to detainees designated for transportation from the facility contained prohibited pork meat sandwiches and did not include required fruit items. During the inspection, PCCF added a non-pork meat sandwich and fruit item to the sack meals menu to address this deficiency.

PCCF's funds and personal property policy and procedures provide for the accounting, inventory, and safeguarding of detainee property from the time of admission until the time of release. PCCF inventories personal property, including funds and valuables, both the detainee and intake staff sign a receipt. PCCF secures detainee clothing in a bag and then locks the bag in a caged area. Staff secures valuables in a locked compartment within the Intake Security Supervisor's office and in a separate locked room behind the supervisor's post.

PCCF's policy and detainee handbook addresses the facility's formal and informal grievance process, emergency grievances and appeals, and required guarantee against reprisal for filing a grievance. PCCF does not have a procedure in place ensuring the administrative health authority receives medical grievances within 24 hours or the next business day. Nor is there a process for

ensuring the direct submission of medical care grievances to designate medical personnel. Furthermore, there is no timeframe for issuing responses to medical grievances.

The facility requires detainees to file an informal grievance before filing a formal grievance; however, informal grievances are not logged or tracked. ODO found there is no way to bypass the informal grievance process. PCCF does not provide detainees with envelopes in which to seal grievances and identify them as sensitive or medically sensitive. Processing of grievances relating to medical care follows the same course as grievances on other subjects; therefore, there is no separate process for appealing a response denying relief for a medical grievance. ODO's review of the grievance log confirmed it was current but only included the date the grievance was disposed and not the date when staff recorded the grievance.

No hunger strikes occurred at PCCF in the 24 months preceding the inspection. Review of PCCF's policy confirmed it addresses all requirements of the PBNDS. Interviews of medical staff confirmed all members are well versed on the policy and standard. Review of hunger strike training records pertaining to (b)(7) correctional officers and (b)(7) medical staff confirming they completed annual training requirements.

PCCF has a designated law library in each of the housing units. Each housing unit is equipped with at least one computer and one printer, with larger housing units having three computers and one printer. Access to a copy machine, more supplies, and a notary is available upon request. Detainees have over 80 hours of unlimited access to the library per week during authorized periods. Detainees in the SMU have access for one hour per night, five days per week.

Prime Care Medical, LLC, provides medical services at PCCF. The facility received initial accreditation from the National Commission on Correctional Health Care on June 3, 2013. Clinic staffing consists of the Health Services Administrator, Medical Director, (b)(7) physician assistants, one dentist, one psychiatrist, one psychologist, two registered nurses, and nine licensed practical nurses. Professional credentials, including licensure, insurance, DEA registration, and other applicable certifications for all medical staff were current and primary-source verified.

Review of 39 medical records found all detainees received comprehensive intake screenings within 12 hours after arrival, and all detainees signed consent forms. All cases had documented treatment plans for medication, education, follow-up visits, diagnostic testing, and monitoring.

PCCF fully complied with the Suicide Prevention and Intervention 2008 PBNDS. Facility policy enables any staff member to refer a detainee who expresses suicidal thoughts to medical staff. PCCF medical staff notify ICE when detainees commit suicide, attempt suicide or are placed on suicide watch. Only a qualified mental health professional can modify the level of or remove a detainee from suicide watch. Interviews with staff and review of personnel training records confirmed current suicide watch procedures comply with all elements of the 2008 PBNDS.

PCCF has policies and procedures in place for detainees to establish advance directives for their health care. The policy also addresses terminal illness, organ donation, death notification procedures, and the release of remains. Additionally, PCCF requires the medical provider to conduct mortality reviews and report results within 30 days of a detainee's death. ODO

conducted medical staff interviews and reviewed internal documents to confirm that PCCF policy addresses the requirements outlined in the 2008 PBNDS.

PCCF maintains an adequate inventory and supply of clothing, bedding, linens, towels, and personal hygiene items. Although clothing appeared clean, much of it, particularly undergarments, was worn out or indelibly stained. PCCF does not grant daily access to disposable razors. Level I and II detainees in general population housing units have access to razors only three days per week. PCCF does not provide detainees housed in Special Management Units (SMU) and Level III housing units access to disposable razors. These detainees have access to two shared electric razors, five days per week.

The facility provides detainees access to recreational programs and activities. Recreation yards have sufficient space and are located between detainee housing units. General population detainees have recreation privileges two hours per day, seven days a week. SMU detainees have outdoor recreation privileges one hour per day, five days a week. Although detainees have access to outdoor recreation yards, the IGSA between ICE and PCCF, dated November 9, 2011, does not stipulate that ICE detainees have access to an outdoor recreation area.

PCCF's religious services policy and procedures provide for reasonable and equitable opportunities for detainees to participate in the practices of their respective faiths. Detainee participation in religious activities is voluntary and open to the entire detainee population. The facility affords Levels I and II detainees the opportunity for group religious services, and provides detainees housed in Level III and SMUs with individual religious services upon request.

PCCF signed a contract modification with ICE on January 30, 2013 to incorporate the 2011 PBNDS, Sexual Abuse and Assault Prevention Intervention (SAAPI) standard. The facility's SAAPI coordinator is very knowledgeable about these duties and responsibilities. All staff and volunteers are required to attend pre-service and annual SAAPI training, which covers how to handle reports or observations concerning possible sexual abuse or assault. Staff interviews and a review of (b)(7) training records confirm PCCF has a comprehensive training program and staff has a strong working knowledge of the SAAPI program requirements. ODO reviewed two alleged sexual assault incidents and found that PCCF responded in accordance with the SAAPI standard.

During the intake process, the facility screens detainees for sexual abuse victimization, and predatory history to identify potential sexual aggressors. Detainees are informed about the facility's SAAPI program through the detainee handbook, orientation video, and posted fliers, in both English and Spanish, and include telephone numbers for reporting incidents.

During this CI, seven detainees were housed in the disciplinary SMU; three detainees were housed in the administrative SMU, including two in protective custody; and one in the process of evaluation by medical staff for mental health issues. In accordance with the 2008 PBNDS, PCCF provides ERO written notification, identifying detainees who are or remain in SMUs for an extended period. ERO visits PCCF weekly and performs welfare checks on SMU detainees.

ODO conducted interviews with four of the seven detainees housed within the disciplinary SMU, and confirmed each of them had received disciplinary segregation orders. The three detainees

housed within the administrative SMU were there for no more than one week from the date of ODO's review, and had received copies of their segregation orders explaining the reasons for segregation. ODO received positive feedback from SMU detainee interviews regarding treatment while housed within the SMU. Specifically, PCCF provides SMU detainees sanitary living conditions, medical care, and recreation opportunities.

Detainees have opportunities to submit written requests to ICE by filling out a request form and placing it in designated ICE drop boxes in each of PCCF's housing units. Interviews with correctional staff and detainees, as well as a review of detainee request forms and logbooks, confirmed ICE staff visits PCCF daily to address detainee requests and observe facility conditions. ICE documents detainee requests in an ICE electronic logbook, and ICE responds to those requests within 24 hours of receipt. However, ICE staff does not record response dates and actions taken in the electronic logbook.

ODO verified detainees have reasonable and equitable access to telephones at PCCF. Operation checks of telephones in detainee housing units found all were in good working order. Facility staff inspects telephones daily; ICE inspects telephones weekly. ODO verified the prompt repair of problems by reviewing facility and ICE logbooks and serviceability worksheets. Notifications that calls are subject to monitoring are posted near phones and there is a recorded message on each phone indicating the same. ODO verified that listings for pro-bono services, the Office of Inspector General hotline, consulates, and embassies were located in each housing unit, printed in both English and Spanish. Detainees may request an unmonitored call by submitting a telephone request form during intake and at any time after that to the housing unit officer. Detainees may request to make legal calls in an area that provides privacy on these same forms. Staff delivers messages involving an emergency or legal matter, but the facility does not accept and deliver any other telephone messages to detainees.

PCCF has a comprehensive written policy that addresses the use of force. The policy specifically notes that correctional officers should only apply physical force after all other reasonable efforts have been exhausted. The policy also addresses confrontation avoidance techniques and the use of force continuum. PCCF correctional officers are required to undergo extensive training that includes self-defense, use of restraints, cell extraction, and confrontation avoidance. ODO reviewed (b)(7) training records of correctional officers that were involved in use of force incidents in the past year, and confirmed that all of the correctional officers involved had up-to-date training.

There have been four calculated use of force incidents in the past year. Each incident was video-recorded; however, video footage in all four cases did not capture the specific identities of correctional officers involved in the incident, nor did it capture close-up shots of detainees to identify potential injury while undergoing post-incident medical examinations.

PCCF posts visiting procedures and hours of visitation in the main entrance lobby. PCCF notes visitation rules and hours within the local detainee handbook and on postings within the housing units. Visitors are required to sign the visitors log and present photo identification at the main entrance desk. After verification of identity and clearing a metal detector, visitors proceed to an assigned visiting cubicle. To communicate with visitors, and maintain privacy, detainees use a telephone handset. ODO's review of the facility's policy on visitation by law enforcement

officials revealed that the shift commander approves or denies law enforcement visit with reasonable cause, and does not require consultation with ICE.

OPERATIONAL ENVIRONMENT

INTERNAL RELATIONS

ODO interviewed the Warden, Assistant Warden, and the Supervisory Detention Deportation Officer regarding the working relationship between ERO and PCCF. The Warden expressed no concerns about their staff's relationship with ERO. Both the Warden and Assistant Warden reported receiving immediate responses from ERO Philadelphia to requests for assistance or information. PCCF staff meets with ERO Philadelphia to discuss administrative and operational issues as necessary. (b)(7)e ICE employees are permanently located at PCCF, including (b)(7)e Supervisory Detention and Deportation Officer, (b)(7)e Supervisory Immigration Enforcement Agent, (b)(7)e Deportation Officers, (b)(7)e Immigration Enforcement Agents, and (b)(7)e Enforcement and Removal Assistant. The Supervisory Detention and Deportation Officer expressed no concerns about the working relationship with PCCF, and stated there is sufficient staff to support mission requirements.

DETAINEE RELATIONS

ODO interviewed 30 detainees (16 Level I and Level II, and 14 Level III) regarding conditions of detention at PCCF. At the time of the CI, all ICE detainees at the facility were male. The Level I and II detainees were interviewed in a group, the Level III detainees individually. All interviews were voluntary.

All interviewed detainees indicated they received the ICE National Detainee Handbook and local PCCF detainee handbook upon admission to the facility. All reported satisfactory access to the law library, recreation, telephones, visitation, and hygiene items. None of the detainees expressed concerns about the quality of food service and cleanliness of the facility.

Although detainees seemed generally satisfied with the medical care, two Level III detainees complained about specific instances regarding medical treatment, and one complained of improper dental treatment. ODO researched each of these cases.

One detainee complained to ODO about a broken finger. Medical staff took an x-ray on July 16, 2013 that showed a fracture. On the following day, corrections officers transported the detainee to the emergency room for treatment. On July 18, 2013, the detainee requested to see an orthopedist. On July 25, 2013, an orthopedist, examined the detainee referring him to a hand specialist. On August 5, 2013, a hand specialist examined the detainee and then scheduled an appointment for surgery. On the same day, the hand specialist directed the detainee to return in two weeks for a check-up. ODO could not locate information referencing the date of surgery or if surgery had been completed.

A second detainee complained to ODO about a knee problem. On May 28, 2013, the detainee complained to medical staff about his knee, which he injured at a different facility two years prior to arriving at PCCF. The detainee did not receive an exam on May 28, 2013; however, the medical staff did review a copy of the detainee's previous medical exam from the other facility, which showed that the x-rays were negative.

A third detainee complained to ODO about tooth pain. On February 1, 2012, the detainee complained to medical staff of pain resulting from a chipped tooth. Medical staff determined the pain was a result of a large cavity that was unable to be restored, not a chipped tooth. The detainee refused extraction treatment (surgery); therefore, medical staff treated the detainee's condition with antibiotics. On March 8, 2012, the detainee had the same complaint, denied extraction treatment, and issued another course of antibiotics, along with Motrin. On September 14, 2012, the detainee had the tooth extraction procedure performed and sutures inserted. One week later, the detainee had the sutures removed.

All 14 Level III detainees stated they did not have access to religious services. Detainees housed in the Level III (high threat) and Special Management Units are permitted to receive individual religious services upon request. Level III detainees can request individual prayer services, but not group services because of security concerns. ODO toured the housing units and observed instructions for requesting individual services posted on the bulletin boards.

One Level II detainee claimed PCCF does not permit the use of prayer rugs within the housing units. PCCF leadership considers prayer rugs to be excessively large and restricts their use in the facility. However, detainees are permitted to use towels for prayer. PCCF provides detainees with an extra towel for this purpose.

Several Level I, II, and III detainees stated PCCF issues dirty and stained undergarments. ODO found the undergarments issued from the intake area clean, but noticed they were worn out or indelibly stained.

All 14 Level III detainees interviewed reported having to share electric razors with one another. ODO determined that PCCF, because of safety concerns, requires Level III detainees, and those housed in SMUs, to share electric razors. ODO identified this as a deficiency.

All III detainees interviewed said that they had been strip searched at intake and randomly during housing unit security inspections. ODO examined Level III detainees' detention files and found proper documentation authorizing strip searches. ODO's review of the Admission and Release standard also confirmed appropriate strip search documentation when strip searches were carried out.

Detainees reported the facility had no process for submitting informal grievances, and that they could not bypass this system. ODO identified this as a deficiency.

Two of the 14 Level III detainees interviewed alleged verbal and physical abuse. One detainee alleged that correctional officers at all levels made, in a joking manner, racial slurs towards him and engaged in ethnic profiling on multiple occasions. The detainee stated that correctional officers referred to him as a "terrorist" because of his Middle Eastern origin and physical appearance (the detainee had a beard). The detainee said he did not report these instances because he feared retaliation from correctional officers. ODO reported the detainee's allegations of racial discrimination and profiling to the JIC.

A second detainee alleged stated he was involved in a "use of force" incident, where a correctional officer allegedly targeted him because "the officer was having a bad day." The detainee alleged the officer awakened him violently and attempted to provoke a violent reaction.

ODO interviewed facility staff and reviewed a disciplinary hearing report, disciplinary appeal document, and an informal grievance resolution form. The evidence did not support the detainee's allegations and no further action was taken by ODO.

ICE 2008 PERFORMANCE-BASED NATIONAL DETENTION STANDARDS

ODO reviewed a total of 23 PBNDS and found PCCF fully compliant with the following 11 standards:

1. Admission and Release
2. Environmental Health and Safety
3. Funds and Personal Property
4. Hunger Strikes
5. Law Libraries and Legal Material
6. Medical Care
7. Religious Services
8. Sexual Abuse and Assault Prevention and Intervention
9. Special Management Units
10. Suicide Prevention and Intervention
11. Terminal Illness, Advance Directives and Death

As the standards above were compliant at the time of the review, a synopsis for these standards was not prepared for this report.

ODO found deficiencies in the following 12 areas:

1. Classification System (1 Priority Component)
2. Detainee Handbook
3. Detention Files
4. Disciplinary System (1 PC)
5. Food Service
6. Grievance System (2 PC)
7. Personal Hygiene
8. Recreation
9. Staff-Detainee Communication
10. Telephone Access
11. Use of Force and Restraints (1 PC)
12. Visitation

Findings for these standards are presented in the remainder of this report.

CLASSIFICATION SYSTEM (CS)

ODO reviewed the Classification System standard at PCCF to determine if there is a formal classification process for managing and separating detainees based on verifiable and documented data, in accordance with the ICE 2008 PBNDS. ODO toured the facility, reviewed local policies and procedures, interviewed staff, and inspected detainee files, the detainee handbook and related documentation.

PCCF has a comprehensive series of written policies and procedures addressing the classification of detainees. The facility's designated classification coordinator also serves as the grievance coordinator. A classification committee comprised of the classification coordinator, shift commander or designee, and program staff member reviews every detainee classification action. An assistant warden oversees the activities of the classification coordinator and committee. ODO verified the detainee handbook provides information on the classification process, including appeal procedures.

ERO pre-classifies detainees prior their arrival at PCCF. During the intake process, a PCCF classification coordinator reviews classification levels. Procedures are in place for review of a detainee's classification level every 60 days. In addition, procedures address reclassification of detainees following a disciplinary action, or in the event new information relevant to the detainee's classification becomes known. A review of 20 detention files confirmed all contained documentation of initial and reclassification, and appropriate information supporting classification decisions.

Upon analysis of housing unit rosters, ODO identified a unit where PCCF houses Level I and Level III detainees within the same unit. There were five Level III and 18 Level I detainees housed in unit B. PCCF does not permit detainees to recreate and use the dayroom at the same time, however, ODO verified that detainees could communicate with each other by verbal and or visual processes; therefore Level I and Level III detainees were not isolated from each other (**Deficiency CS-1 (V)(F)**).¹ Level I detainees may not be co-mingled with Level III detainees in housing, recreation, and food service. Fully separating Level I and Level III detainees from each other is required by the PBNDS and improves security and safety.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY CS-1

In accordance with the ICE 2008 PBNDS, Classification System, section (V)(F), the FOD must ensure "Level 1 Classification [may] not be co-mingled with Level 3 Detainees," and "Level 3 detainees... may not be co-mingled with Level 1 detainees."

¹ Priority Component

DETAINEE HANDBOOK (DH)

ODO reviewed the Detainee Handbook standard at PCCF to determine if the facility provides each detainee with a handbook describing the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care in accordance with the ICE 2008 PBNDS. ODO reviewed facility policy and the English and Spanish versions of the PCCF Detainee Handbook, and interviewed staff and detainees.

PCCF issues the ICE National Detainee Handbook and the PCCF Handbook during the intake process. ODO's review of 19 randomly selected detention files confirmed that detainees signed statements acknowledging receipt of the handbooks.

ODO's review of the Spanish version of the local handbook found incorrectly translated words, numerous grammatical errors, and confusing information (**Deficiency DH-1 (II)(5)**).² For example, the Spanish word used for "detainee" means the mayor of a municipality, governor or quartermaster general; the word used for "gym shorts" means short circuits; the word used for "showering" means irrigating; and the word used for "cells" refers to biological cells. Where the handbook refers to the services the facility will provide, the actual meaning in the handbook is, "personnel in the facility will foresee your necessities." Such translation errors interfere with detainees' ability to understand, use, and follow the information and guidance offered in the handbook.

In addition, neither version of the handbook provides detainees with procedures for requesting interpretive services for essential communication, and procedures for filing medical grievances (**Deficiency DH-2 (V)(2)**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DH-1

In accordance with the ICE 2008 PBNDS, Detainee Handbook, section (II)(5), the FOD must ensure "the information in this standard will be communicated in a language or manner which the detainee can understand."

DEFICIENCY DH-2

In accordance with the ICE 2008 PBNDS, Detainee Handbook, section (V)(2), the FOD must ensure "while all applicable topics from the ICE national Detainee Handbook must be addressed, it is particularly important that each local supplement notify each detainee of:

- Procedures for requesting interpretative services for essential communication
- The Grievance System, including medical grievances."

² The review was conducted by an inspection team member who is fluent in Spanish.

DETENTION FILES (DF)

ODO reviewed the Detention Files standard at PCCF to determine if files are created containing all significant information on detainees housed at the facility for over 24 hours, in accordance with the ICE 2008 PBNDS. ODO reviewed detention files, logbooks, policies, and procedures; and interviewed staff.

As part of the intake process, PCCF staff creates a detention file upon the admittance of a detainee to the facility. ODO randomly selected 20 active and ten inactive detention files to determine if required documentation was present. ODO found that staff members create a detention file as part of admissions process when a detainee is admitted to PCCF, but officers completing the admissions portion of the detention file fail to note that the file has been activated (**Deficiency DF-1 (V)(A)(2)**). The note may take the form of a generic statement printed on the acknowledgment form, documenting receipt of a handbook, orientation, locker key, etc.

All of the 20 active detention files reviewed contained original photographs, personal property inventory sheets, and receipts for property and baggage. None of the 20 active files contained Form I-385 (Alien Booking Record), complete classification worksheets, housing identification cards, or I-77 baggage checks (**Deficiency DF-2 (V)(B)(1)**). Prior to ODO's departure, ICE/ERO staff implemented procedures to ensure the placement of Form I-385, and a complete set of the updated Risk Classification Assessment Detailed Summary (RCADS) Form within each ICE detention file maintained by PCCF. ICE requires the use of RCADS Form as a guide for placing detainees into housing units with detainees of the same or compatible classification. Furthermore, PCCF Officials began placing housing identification cards, and I-77 checks in each detention file, correcting the deficiency before ODO departed the facility.

ODO randomly selected and reviewed ten archived detention files to determine the presence of required documentation. ODO found staff members had not placed the original Form I-385 in any of the (b)(7) files, and prior to closing the files, officers failed to note the files were complete and ready for archiving (**Deficiency DF-3 (V)(E)(1-2)**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DF-1

In accordance with the ICE 2008 PBNDS, Detention Files, section (V)(A)(2), the FOD must ensure "the officer completing the admissions portion of the Detention File shall note that the file has been activated. The note may take the form of a generic statement in the Acknowledgment form."

DEFICIENCY DF-2

In accordance with the ICE 2008 PBNDS, Detention Files, section (V)(B)(1), the FOD must ensure "the detainee detention file shall contain either originals or copies of forms and other documents generated during the admissions process. If necessary, the Detention File may include copies of material contained in the detainee's A-File. The file shall, at a minimum, contain:

- I-385, Alien Booking Record, with one or more original photograph(s) attached,

- Classification Work Sheet,
- Personal Property Inventory Sheet,
- Housing Identification Card,
- G-589, Property Receipt or facility equivalent, and
- I-77, Baggage Check(s).”

DEFICIENCY DF-3

In accordance with the ICE 2008 PBNDS, Detention Files, section (V)(E)(1-2) the FOD must ensure:

1. “Upon the detainee’s release from the facility, staff shall add final documents to the file before closing and archiving it after inserting:
 - Detention file copies of completed release documents,
 - The original closed-out receipts for property and valuables, the original I-385 and other documentation, and
2. The officer closing the Detention File shall make a notation (on the Acknowledgement form, if applicable) that the file is complete and ready for archiving.”

DISCIPLINARY SYSTEM (DS)

ODO reviewed the Disciplinary System standard at PCCF to determine if sanctions imposed on detainees who violate facility rules are appropriate, and if the discipline process includes progressive levels of reviews, appeals, procedures, and documentation, in accordance with the 2008 PBNDS. ODO interviewed staff and reviewed disciplinary reports, the detainee handbook, and facility policy.

The detainee handbook notifies detainees of the rules and regulations, rights, disciplinary procedures, sanctions, and the appeals process. PCCF policy encourages informal resolution of rule violations where possible. The facility classifies prohibited acts as Class I, II, and III offenses. Class I offenses are major rule violations that may result in a sanction of up to fourteen days in disciplinary segregation per violation, and the loss of privileges. Class II offenses are violations involving damage to the facility structure, or offenses which interfere with the security, order and safety of staff and inmates or detainees. Class II offenses may result in up to seven days in disciplinary segregation and/or loss of privileges. Class III offenses are minor violations informally adjudicated by the housing unit officer. PCCF's (b)(7)e member disciplinary panel consists of a supervisor, an officer not involved in the incident, and (b)(7)e counselor or other programs department employee. The disciplinary panel adjudicates both Class I and II offenses, and has the authority to impose disciplinary segregation. PCCF does not have a Unit Disciplinary Committee (UDC) or other intermediate level of adjudication **(Deficiency DS-1 (V)(F)).³**

ODO randomly selected and reviewed 15 of 35 disciplinary reports referencing Class I and II offenses completed in the past six months. All 15 investigations occurred within 24 hours of the incident. ODO found the reports meticulous. Documentation included written notification of the detainee's rights and appeal instructions. Incident reports and advice of rights forms included a section for the detainee's signature, acknowledging receipt of copies. In all cases, the disciplinary panel conducted the hearing on the same or next business day, after the disciplinary report was issued. Hearing documentation supported compliance with the disciplinary process requirements of the standard.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DS-1

In accordance with the ICE 2008 PBNDS, Disciplinary System, section (V)(F), the FOD must ensure "all facilities shall establish an intermediate level of investigation/adjudication process to adjudicate low or moderate infractions. They shall also ensure that the detainee is afforded all of the UDC rights listed below:

- The UDC administering unit discipline shall be comprised of (b)(7)e to (b)(7)e members at least (b)(7)e of whom is a supervisor.
- The UDC shall not include the reporting officer, the investigating officer, or an officer who witnessed or was directly involved in the incident. Only in the unlikely event that practically

³ Priority Component

every available officer witnessed or was directly involved in the incident may an exception occur.

- The UDC shall conduct hearing and, to the best extent possible, informally resolve cases involving High Moderate or Low Moderate charges in accordance with the list of charges and related sanctions noted as Attachment A of this Standard. Unresolved cases and cases involving serious charges are forwarded to the Institution Disciplinary Panel.”

FOOD SERVICE (FS)

ODO reviewed the Food Service standard at PCCF to determine if detainees are provided with a nutritious and balanced diet, in a sanitary manner, in accordance with the ICE 2008 PBNDS. ODO reviewed documentation, interviewed staff, inspected the food service area, and observed meal preparation and service.

PCCF staff manages food service operations at the facility. Staffing consists of a Food Service Director, Assistant Food Service Director, (b)(7)e Food Production Supervisors, and (b)(7)e Food Service supervisors. A crew of (b)(7)e inmates and detainees supports the food service operation; at the time of inspection the crew included (b)(7)e ICE detainees. ODO verified all employees and workers receive a medical clearance prior to working in the kitchen. ODO observed kitchen workers wearing white uniforms, and watched staff visually inspect detainees for any signs of illness or personal hygiene concerns prior to starting their shift.

The facility has a satellite feeding operation. Food service workers place food items on insulated trays, load the trays on to carts, and then correctional officers deliver those trays to the housing units. PCCF notes on a roster the names of detainees requiring special diets in order to ensure and verify those detainees receive meals.

ODO verified a registered dietitian certified all menus, and that the facility served and properly documented medically prescribed meals. At the time of the inspection, 12 detainees were on medical diets, and 22 detainees were on religious diets.

ODO taste-tested the Wednesday lunch time meal. All items served were in the portion size prescribed by the menu, properly seasoned, and included appropriate condiments. Food service staff was observed taking temperatures of food in the kitchen and when served in the housing units. On Thursday, ODO verified noon meal temperatures were within the required range, using a digital thermometer.

ODO inspected sack meals issued to detainees before their transportation from the facility. The sacks contained two sandwiches, neither was a non-pork meat sandwich, furthermore, the sacks did not contain a fruit item (**Deficiency FS-1 (V)(I)(6)(c)**). During the inspection, PCCF staff added a non-pork meat sandwich and fruit item to the sack meals menu to address this deficiency.

PCCF food service staff stores knives on a shadow board in a locked storage cabinet in the Food Service Director's office. Staff members sign the knives in and out; and tether them to the table where they are used. Kitchen staff consistently monitors and records temperatures generated from the walk-in freezer, and cooler. The dishwasher's hot water temperature is also monitored.

Documentation indicates the Food Service Director conducts a weekly comprehensive inspection of the entire kitchen area. The dry storage area, walk-in cooler, and the freezer areas are clean, organized, and well maintained.

Sanitation of the kitchen was excellent. The Pennsylvania Department of Corrections inspects the area annually. The department last inspected the area on August 27, 2013. During detainee interviews, detainees made no complaints regarding food service.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY FS-1

In accordance with the ICE 2008 PBNDS, Food Service, section (V)(I)(6)(c), the FOD must ensure “Each sack shall contain at least two sandwiches, of which at least one shall be meat (non-pork). Commercial bread or rolls may be preferable because they include preservatives. To ensure freshness, fresh facility made bread may be used only if made on the day of lunch preparation. Sandwiches should be individually wrapped, or bagged in a secure fashion to prevent the food from spoiling. Meats, cheeses, etc. should be freshly sliced the day of sandwich preparation. Leftover cooked meats shall not be used after 24 hours. In addition, each sack shall include: one piece of fresh fruit or properly packaged canned fruit (or paper cup with lid), complete with spoon; one ration of a dessert item, like cookies, doughnuts and fruit bars; such extras as properly packaged fresh vegetables, like celery sticks and carrot sticks, and commercially packaged “snack foods,” such as peanut butter crackers, cheese crackers, and individual bags of potato chips.”

GRIEVANCE SYSTEM (GS)

ODO reviewed the Grievance System standard at PCCF to determine if a process to submit formal or emergency grievances exists, and that responses are provided in a timely manner, without fear of reprisal. In addition, a review was conducted to determine if detainees have an opportunity to appeal responses, and if accurate records are maintained, in accordance with the ICE 2008 PBNDS. ODO toured the facility, interviewed the grievance coordinator and other staff, and reviewed policies and grievance documentation.

A review of the facility's policy and detainee handbook confirmed both address PCCF's informal and formal grievance process, emergency grievances and appeals, and required guarantees against reprisal for filing a grievance. The policy stipulates that grievances alleging staff misconduct must be forwarded to a supervisor or higher-level authority, with copies directed to ERO. Based on ODO's review of the grievance log and interviews of facility and ERO staff, ODO determined detainees have not filed grievances alleging staff misconduct within the past year.

ODO's review of policy and procedures identified deficiencies related to grievances of a medical nature. Specifically, procedures for ensuring medical grievances are received by the administrative health authority within 24 hours or the next business day were not in place (**Deficiency GS-1 (V)(A)**).⁴ ODO found PCCF's classification coordinator, who also serves as the grievance coordinator (not a medical authority), receives and responds to all medical grievances after consulting with medical personnel.

PCCF's policy and local detainee handbook require detainees to follow the informal grievance process before filing a formal grievance. Onsite ERO staff confirmed PCCF and ERO jointly review grievance logs weekly. Informal grievances are not logged or tracked; therefore, ODO was unable to assess informal grievance activity or volume (**Deficiency GS-2 (V)(C)(1)**).

PCCF does not provide detainees with envelopes in which to seal grievances and identify them as sensitive or medically sensitive (**Deficiency GS-3 (V)(C)(3)(2)(a)**). Furthermore, there is no process which ensures grievances regarding medical care are submitted directly to designated medical personnel, and no timeframe for issuance of a response (**Deficiency GS-4 (V)(C)(3)(2)(c)**). Because processing of grievances relating to medical care follows the same course as grievances on other subjects, there is no separate process for appealing a response denying relief for a medical grievance (**Deficiency GS-5 (V)(D)**). A review of the grievance log determined that the grievance coordinator responded to 15 grievances concerning medical care issues submitted within the past year. ODO verified staff forwarded the grievance responses to medical and then included them in the detainee's medical files.

During interviews, medical personnel confirmed that the grievance coordinator responds to medical grievances and maintains copies in the medical records as required by the standard.

⁴ Priority Component

Prior to completion of the inspection, a notice was posted in all housing units notifying detainees that effective immediately, grievances of a medical nature would be directed to medical staff.

ODO's review of the grievance log confirmed it was current; however, the log failed to provide a space to record the submission date of the grievance (**Deficiency GS-6 (V)(E)**).⁵ Instead, the log documented only the date the grievance was disposed. The grievance log for the previous year recorded a total of 54 detainee grievances. Of the 54 logged, two were related to classification or institutional program assignment; seven were categorized as miscellaneous; and 21 were complaints against staff, none of which alleged misconduct or abuse as noted previously. In addition, as noted, 15 grievances pertained to medical services. ODO did not observe any other patterns or trends in subject matter.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY GS-1

In accordance with the ICE 2008 PBNDS, Grievance System, section (V)(A), the FOD must ensure "Each facility shall have written policy and procedures for a detainee grievance system that:

- Ensures a procedure in which all medical grievances are received by the administrative health authority within 24 hours or the next business day."

DEFICIENCY GS-2

In accordance with the ICE 2008 PBNDS, Grievance System, section (V)(C)(1), the FOD must ensure "A detainee is free to bypass or terminate the informal grievance process at any point and proceed directly to the formal grievance stage. Furthermore, if an oral (informal) grievance is resolved the employee need not provide the detainee written confirmation of the outcome, but shall document the result for the record in the detainee's file and in any logs or data systems the facility has established to track such actions."

DEFICIENCY GS-3

In accordance with the ICE 2008 PBNDS, Grievance System, section (V)(C)(3)(2)(a), the FOD must ensure "Facility staff provides the number of forms and envelopes requested by the detainee. If the detainee claims that the issue is sensitive or the detainee's safety or well-being would be jeopardized if others at the facility learned of the grievance, the detainee has the right to seal the grievance in an envelope, clearly marked "Sensitive" or "Medically Sensitive" and submit it directly to the facility administrator, administrative health authority or designee."

DEFICIENCY GS-4

In accordance with the ICE 2008 PBNDS, Grievance System, section (V)(C)(3)(2)(c), the FOD must ensure "Grievance forms concerning medical care shall be delivered directly to medical staff designated to receive and respond to medical grievances at the facility. 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 rationale."

⁵ Priority Component

DEFICIENCY GS-5

In accordance with the ICE 2008 PBNDS, Grievance System, section (V)(D), the FOD must ensure, “In the cases of medical grievances, each facility shall establish procedures for appeal of a denial by medical personnel. An additional level of appeal by medical personnel shall be available to the detainee.”

DEFICIENCY GS-6

In accordance with the ICE 2008 PBNDS, Grievance System, section (V)(E), the FOD must ensure “Each facility shall devise a method of documenting grievances, at a minimum a grievance log, and documentation shall include the date of the grievance.”

PERSONAL HYGIENE (PH)

ODO reviewed the Personal Hygiene standard at PCCF to determine if detainees are able to maintain acceptable personal hygiene practices through the provision of adequate bathing facilities and the issuance and exchange of clean clothing, bedding, linens, towels, and personal hygiene items in accordance with the ICE 2008 PBNDS. ODO inspected the intake area, housing units, and laundry facilities; reviewed policies and documents; and interviewed staff and detainees.

PCCF maintains an adequate inventory and supply of clothing, bedding, linens, towels, and personal hygiene items, which prevents any delay in replacing items issued to detainees. Upon detainees' arrival, PCCF issues clean clothing, bedding, linens, towels, and a personal hygiene kit.

While clothing stored within the processing and laundry facilities appeared to be clean, ODO observed worn out and indelibly stained undergarments (**Deficiency PH-1 (V)(A)**). Bedding, linens and towels appeared to be in good condition and functional. PCCF exchanges sheets and pillowcases weekly, and blankets monthly. Detainees place soiled undergarments and linens in individual bags. The facility then launders and returns those bags to detainees weekly. Detainees are also required to exchange outer garments twice a week.

Detainee-issued personal hygiene items consist of a bar of soap, a bottle of shampoo, moisturizer, a comb, a toothbrush, and a tube of toothpaste. PCCF replenishes soap, toothbrushes, and toothpaste at no cost to detainees, as needed. Other personal hygiene items are available to detainees through purchase at the commissary.

Level I and II detainees in general population housing units are given access to disposable razors only three days a week (**Deficiency PH-2 (V)(D)**). Staff denies detainees housed in the Special Management (SMU) and Level III GP units access to disposable razors. Detainees share two electric razors per housing unit, five days a week (**Deficiency PH-3 (V)(D)**). Detainees wishing to use an electronic razor must request and sign an "electric razor control" form.

Detainees have sufficient access to bathing and toilet facilities, to include an adequate number of toilets, wash basins and showers. Detainees are required to shower at least once every three days, and may shower daily if they desire to do so during non-lockdown hours.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY PH-1

In accordance with the ICE 2008 PBNDS, Personal Hygiene, section (V)(A), the FOD must ensure clothing that is worn out, indelibly stained, or bears offensive or otherwise unauthorized markings should be discarded and replaced as soon as practicable.

DEFICIENCY PH-2

In accordance with the ICE 2008 PBNDS, Personal Hygiene, section (V)(D), the FOD must ensure razors must be strictly controlled. Disposable razors will be provided to detainees on a daily basis. Razors will be issued and collected daily by staff.

DEFICIENCY PH-3

In accordance with the ICE 2008 PBNDS, Personal Hygiene, section (V)(D), the FOD must ensure detainees will not be permitted to share razors.

RECREATION (R)

ODO reviewed the Recreation standard at PCCF to determine if detainees are provided access to recreational programs and activities within the constraints of a safe and secure environment in accordance with the ICE 2008 PBNDS. ODO inspected the recreation areas, reviewed policies, and interviewed staff and detainees.

Recreation yards have sufficient space and are located between detainee housing units. PCCF has four outdoor recreation yards and each has a basketball court, pull-up and dip bars, and space to play handball. Additionally, two indoor recreation areas are provided; each has a ping-pong table, foosball table, pull-up and dip bars, and space to play handball. Housing unit dayrooms each have a television and cards and various board games for entertainment. General population detainees have recreation privileges two hours a day, seven days a week. Special Management Unit detainees have outdoor recreation privileges one hour a day, five days a week.

Citizen volunteers who provide or participate in facility recreational programs undergo a background check, complete a formal orientation program, and sign an agreement acknowledging the facility's rules and procedures.

The ICE Office of Acquisition Management provided OPR with the IGSA between ICE and PCCF signed on November 9, 2011. Although detainees do have access to outdoor recreation yards, the IGSA does not stipulate that ICE detainees have access to an outdoor recreation area (**Deficiency R-1 (V)(A)**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY R-1

In accordance with the ICE 2008 PBNDS, Recreation, section (V)(A), the FOD must ensure all new or renegotiated contracts and IGSA's shall stipulate that ICE/DRO detainees have access to an outdoor recreation area.

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the Staff-Detainee Communication standard at PCCF to determine if procedures are in place to allow formal and informal contact between detainees and key ICE and facility staff, in accordance with the ICE 2008 PBNDS. ODO reviewed policies, procedures, request forms, and logs; and interviewed detainees and staff.

ICE staff conducts daily scheduled and unscheduled visits in response to ICE detainee requests and concerns. A review of the logbooks indicates that the Supervisory Detention Deportation Officer (SDDO) and Deportation Officers make weekly announced and unannounced visits. ODO observed a posting of scheduled ICE visits on all housing bulletin boards. ODO confirmed staff documents the arrival of housing unit visitors in each unit logbook, and in a separate ICE logbook maintained by the SDDO.

PCCF staff documents ICE detainee requests using an electronic logbook. ODO and ICE staff reviewed detainee requests dated from August 1, 2012 to September 1, 2013, to determine if ICE responded to each request within 24 hours of receipt. The log of ICE detainee requests does not include the staff's response and action (**Deficiency SDC-1 (V)(B)(2)**). Staff responses are only listed on the detainee's request form which is kept in his/her detention file. The SDDO corrected the deficiency before ODO departed the facility by adding another column to the log to include staff response and action for each detainee request.

PCCF permits detainees to submit written requests or concerns to ICE officials by placing a request form within a dedicated ICE drop box in each of the housing units. PCCF staff does not have a key or access to those drop boxes. Adequate supplies of detainee request forms, envelopes, and writing implements are available to detainees.

ODO verified that PCCF and ICE staff tests all phones for detainee use on a weekly basis. ODO also verified that ICE staff documents and completes serviceability tests and the Facility Liaison Visit Checklist weekly. Department of Homeland Security Office of Inspector General (OIG) hotline posters are posted in every housing unit and in appropriate common areas.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SDC-1

In accordance with the ICE 2008 PBNDS, Staff-Detainee Communication, section (V)(B)(2), the FOD must ensure, "At a minimum the log book shall include the date of receipt, detainee name, detainee's A-number, detainee's nationality, name of the staff member logging the request and date the request was returned to the detainee with a staff response/action."

TELEPHONE ACCESS (TA)

ODO reviewed the Telephone Access standard at the PCCF to determine if the facility provides detainees with reasonable and equitable access to telephones to maintain ties with family and others in the community, in accordance with the ICE 2008 PBNDS. ODO interviewed facility staff and detainees, reviewed policy, procedures, and the detainee handbook, and conducted functionality tests of the telephones in the units housing detainees.

ODO verified detainees have reasonable and equitable access to telephones at PCCF. The telephone availability ratio for each housing unit is approximately 10 detainees per phone. The facility also provides a TTY device if needed. PCCF staff conducts daily telephone inspections. ICE staff inspects telephones weekly. PCCF and ICE staff report detected problems immediately. ODO verified serviceability checks by reviewing facility and ICE logbooks, and serviceability worksheets. ODO conducted operation checks of telephones in detainee housing units finding them to be in good working order.

Notifications that calls are subject to monitoring are posted near phones and a recorded message on each phone indicates the same. ODO observed telephone access rules posted at telephone locations within each the housing unit, and within the detainee handbook. Detainees may request an unmonitored call by submitting a telephone request form during intake and at any time after that to the housing unit officer. Detainees may request to make legal calls in an area that provides privacy using these same forms. ODO verified listings in English and Spanish for pro bono services, OIG, consulates, and embassies are located in each housing unit.

PCCF staff delivers messages to detainees regarding an emergency or legal matter; however, the facility does not accept and deliver any other telephone messages to detainees
(Deficiency TA-1 (V)(J)).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY TA-1

In accordance with the ICE 2008 PBNDS, Telephone Access, section (V)(J), the FOD must ensure “The facility shall take and deliver telephone messages to detainees as promptly as possible. When facility staff receives an emergency telephone call for a detainee, the caller’s name and telephone number will be obtained and given to the detainee as soon as possible. The detainee shall be permitted to return the emergency call as soon as reasonably possible within the constraints of security and safety. The facility shall enable indigent detainees to make a free return emergency call.”

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed the Use of Force and Restraints standard at PCCF to determine if necessary use of force and the use of restraints are employed only after all reasonable efforts have been exhausted to gain control of a subject, in accordance with the ICE 2008 PBNDS. ODO toured the facility, inspected equipment, and reviewed calculated use of force videos, local policy, training records, and other pertinent documentation.

ODO's review confirmed PCCF policies address required principles of use of force and application of restraints. The policy states physical force is to be used after all other reasonable efforts have been exhausted, and as a last resort, and furthermore to use only the amount of force necessary to gain control of a situation. The policy also addresses confrontation avoidance techniques and the use of force continuum.

PCCF staff confirmed the training all correctional officers and supervisors in self-defense, use of restraints, blood and bodily fluid clean up, confrontation avoidance, cell extractions, use of protective equipment, restraint chair, and the use of force continuum. All supervisors receive specialized training and yearly certification in the use of oleoresin capsicum spray, foam, and deployment devices. A review of training records for all (b)(7) officers and supervisors involved in use of force incidents in the past year confirmed current training.

There have been four calculated and six immediate use of force incidents at PCCF during the past year. A review of written documentation and video recordings confirmed staff gave several commands to comply with orders, and furthermore applied confrontation avoidance techniques before the use of force.

Staff documented using the minimum and appropriate amount of force in all cases. However, the video-recordings of team assembly before the calculated force incidents did not meet all requirements of the standard. Specifically, no one identified the camera operator and the other staff members present in any of the four incidents. Further, in two incidents, the use of force team members introduced themselves wearing helmets with the face shield down. In addition, video recordings of post-incident actions did not fully meet requirements. In none of the four cases were close-ups of the detainees' bodies during medical examination taken to capture the presence or absence of injuries; and in one case, the incident debriefing was not recorded (**Deficiency UOF&R-1 (V)(I)(2)**).⁶ Video-recording all elements required by the standard assures documentation is complete, supporting the efficacy of the after action review.

ODO noted the presence of medical staff during or immediately after the use of force incidents, and that they conducted medical examinations after the use of force. After-action reviews for all six uses of force incidents were documented.

The after-action review team consists of the associate warden, the SDDO, the Detention Service Manager, and a representative of the medical department, generally the Health Services Administrator. Documentation reflected the facility provided ERO with the use of force incident files in all ten cases well within the two working-day requirement set in the standard.

⁶ Priority Component

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY UOF&R-1

In accordance with the ICE 2008 PBNDS, Use of Force and Restraints, section (V)(I)(2), the FOD must ensure “All use-of-force incidents be documented and forwarded to ICE/DRO for review,” and for calculated use of force, “It is required that the entire incident be audio visually recorded.” Calculated use-of-force incidents shall be audio visually recorded in the following order:

- “Introduction by Team Leader stating facility name, location, time, date, etc., describing the incident that led to the calculated use of force, and naming the audiovisual camera operator and other staff present.
- Faces of all team members should briefly appear (with helmets removed and heads uncovered), one at a time, identified by name and title.
- Team Leader offers the detainee a last chance to cooperate before team action, outlines the use-of-force procedures, engages in confrontation avoidance, and issues use-of-force order.
- Record entire use of force team operation, unedited, until the detainee is in restraints.
- Take close-ups of the detainee’s body during a medical exam, focusing on the presence/absence of injuries. Staff injuries, if any are to be described but not shown.
- Debrief the incident with full discussion/analysis/assessment of incident.”

VISITATION (V)

ODO reviewed the Visitation standard at PCCF to determine if authorized persons, including legal and media representatives, are able to visit detainees within secure and operational constraints, in accordance with the ICE 2008 PBNDS. ODO reviewed the local policy and detainee handbook, inspected the visiting area, and interviewed staff and detainees.

The facility has a non-contact visitation system. Visitors may deposit money in a detainee's account using a kiosk in the lobby. Visitors are required to sign the visitors log and present photo identification at the main entrance desk. After verification of identity and clearing a metal detector, visitors proceed to an assigned visiting cubicle. Staff then escorts detainees from their housing unit to the visiting area located next to central control. Detainees use a telephone handset to communicate. PCCF posts written visiting procedures, including a schedule noting the hours of visitation, in the main lobby, and notifies detainees of visitation rules and hours by way of the detainee handbook and postings in the housing units. PCCF permits legal visits seven days a week; these are conducted in non-contact booths which have slots for passing legal documents.

ODO verified PCCF maintains an adequate supply of Forms G-28, (Notice of Entry of Appearance as Attorney or Accredited Representative) in the lobby area. Attorneys and accredited representatives provide information on Forms G-28 to establish their eligibility to appear and act on behalf of an applicant, petitioner, or respondent.

Detainees may receive visits for 30 minutes on Saturday and Sundays. The Warden may approve special visits for detainees. Detainees housed within the SMU retain their visiting privileges, with provision for denial of visitation only if the detainees have previously violated visiting rules or if their behavior could pose a threat to security in the visiting area. While in the presence of an adult parent or guardian, the facility allows visitors under the age of 18 to visit detainees during regular visiting times.

ODO cites as a best practice PCCF's "Handbook for Family & Friends of Inmates Incarcerated in the Pike County Correctional Facility." This comprehensive 34-page booklet provides information and covers questions and concerns that loved ones of detainees often have. Topics include operational matters such as mail, funds, visiting, rules and regulations, and emergency messages. Also included are sections on coping with incarceration, relationships with offenders, children and the offender, family finances, support groups, and a listing of community resources. Six pages of the booklet are devoted to information specific to ICE detainees, printed in English and five other languages. The booklets are readily available in the lobby of the facility.

ODO's review of the facility's policy on visitation by law enforcement revealed the shift commander has the authority to approve or deny any law enforcement visit with reasonable cause and does not require consultation with ICE (**Deficiency V-1 (V)(O)(1)**). During the inspection, this policy was amended to comply with the standard's requirement to seek approval from ICE.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY V-1

In accordance with the ICE 2008 PBNDS, Visitation, section (V)(O)(1), the FOD must ensure “Facility visitation procedures shall cover law enforcement officials requesting interviews with detainees. Facilities will notify and seek approval from ICE DRO of any proposed law enforcement visit with a detainee.”