



U.S. Department of Homeland Security

Immigration and Customs Enforcement

Office of Professional Responsibility

Inspections and Detention Oversight

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**Office of Detention Oversight
Compliance Inspection**

**Enforcement and Removal Operations
Philadelphia Field Office
Clinton County Correctional Facility
McElhatten, Pennsylvania**

July 29–31, 2014

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

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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 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 safety, health, 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 replaced 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	Inspections & Compliance Specialist (Team Lead)	ODO
	Inspections & Compliance Specialist	ODO
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections

EXECUTIVE SUMMARY

ODO conducted a compliance inspection of the Clinton County Correctional Facility (CCCF) in McElhattan, Pennsylvania, from July 29 to July 31, 2014. CCCF, which opened in 1991, is owned and operated by the County of Clinton. ERO began housing detainees at CCCF in January 2004 under a United States Marshall Service contract. Male and female detainees of security classification levels I through III are detained at the facility for periods in excess of 72 hours. The inspection evaluated CCCF's compliance with the 2000 NDS.

The ERO Field Office Director (FOD), in Philadelphia, Pennsylvania, is responsible for ensuring facility compliance with the 2000 NDS and ICE policies. No ICE employees are located at CCCF. There is no ERO Detention Service Manager (DSM) assigned to CCCF.

Capacity and Population Statistics	Quantity
Total Bed Capacity	320
ICE Detainee Bed Capacity	100
Average Daily Population	263
Average ICE Detainee Population	13
Average Length of Stay (Days)	7
Male Detainee Population (as of 07/29/14)	6
Female Detainee Population (as of 07/29/14)	0

A Warden is responsible for oversight of daily facility operations and is supported by (b)(7)e personnel. CCCF provides food services and PrimeCare Medical provides medical services. The facility holds no accreditations.

In June 2012, ODO conducted an inspection of CCCF under the 2000 NDS. ODO reviewed 18 standards and found CCCF compliant with six standards. ODO found a total of 28 deficiencies in the remaining 12 standards.

During this inspection, ODO reviewed 15 standards and found CCCF compliant with eight standards. ODO found a total of 13 deficiencies in the remaining seven standards: Access to Legal Material (1 deficiency), Detainee Grievance Procedures (3), Food Service (1), Medical Care (3), Staff-Detainee Communication (3), Suicide Prevention and Intervention (1), and Use of Force (1). ODO made four recommendations¹ regarding facility policy and procedures (deficiencies) and cited one best practice.

This report details all deficiencies and refers to the specific, relevant sections of the 2000 NDS. ERO will be provided a copy of this report to assist in developing corrective actions to resolve all identified deficiencies. ODO discussed preliminary deficiencies with CCCF and ERO management during the inspection and at a closeout briefing conducted on July 31, 2014.

ODO observed the admissions process of two detainees during the inspection. The detainees were escorted into the intake area by ERO transport staff with accompanying documentation and property. The detainees were allowed to make phone calls and were provided the ICE National Detainee Handbook and facility handbook. Three orientation videos were shown: "CCCF Orientation," "Know Your Rights," and "Prison Rape Elimination Act - What You Need to

¹ Recommendations will be annotated in the report as "R."

Know.” Following inventory of funds and property, the detainees were escorted to a private area and pat searched. The detainees changed into uniforms and were subsequently photographed and issued facility identification cards. The admission process ended with the detainees being escorted to the medical unit where they were screened by medical staff prior to being assigned a housing unit based on their classification.

Detainees are classified by ERO staff prior to arrival at CCCF. ODO’s review of six detainee files confirmed they included a Risk Classification Assessment and supporting information, and proper approvals prior to housing unit assignment. ODO verified level I and III detainees are not housed together, and procedures are in place to prevent commingling outside of the housing units.

Detainee A-files are maintained by ERO. CCCF has pre-numbered files containing all forms that must be completed during the admission process. When processing a new detainee, CCCF intake officers use the next pre-numbered file in sequence. This system is cited as a best practice because it greatly reduces the time spent assembling detainee files at intake and ensures all required forms are completed.

All funds, property and valuables are inventoried in the presence of detainees at CCCF. Detainees sign and receive a copy of the inventory sheet. Completed sheets are placed in the detention files. Cash and checks are deposited directly into a secure safe accessible only to CCCF accounting staff. ODO was informed foreign currency is inventoried and stored in the detainees’ property bags. Valuables are stored in the shift commander’s office, which is accessible only by supervisory staff. The deputy warden audits detainee property on a monthly basis. ODO verified the facility’s policy addresses return of funds and property upon release or transfer.

Detainees are issued the ICE National Detainee Handbook and the facility handbook during the admissions process. CCCF’s handbook is reviewed annually and the last review was conducted in May 2014. The handbook covers all the topics required by the standard. ODO reviewed 15 detention files and confirmed all 15 detainees received the facility handbook.

The grievance system at CCCF allows detainees to file informal, formal, and emergency grievances. However, policy and the facility handbook state there must be attempts to resolve grievances informally prior to submitting a formal grievance. Nine formal grievances were filed by detainees in the 12 months preceding the inspection; however, only three were present in detention files. According to CCCF staff, none involved staff misconduct. The facility handbook does not provide notice of the right to have the grievance referred to higher levels, the procedure for contacting ICE to appeal a decision of the Officer In Charge (OIC), and the information about the opportunity to file a direct complaint about officer misconduct. The facility initiated corrective action during the course of the inspection.

ODO observed a high level of sanitation throughout the facility. The CCCF shift commander is the designated fire safety officer. Procedures are in place for handling hazardous materials. The hazardous materials master index is maintained by maintenance staff and included Material Safety Data Sheets (MSDS). During the inspection, all flammable and combustible materials were stored in an approved storage cabinet. Additional MSDS were present in locations where

hazardous substances were used. Inventories were reviewed and confirmed accurate. ODO's inspection confirmed uniform procedures exist within the health service department to ensure the safe handling, disposal and accountability for all medical sharps. A review of hazardous materials and medical sharps inventories confirmed their accuracy. Monthly fire drills were conducted on each shift and documentation was maintained by the shift commander. Fire prevention, control, and evacuations plans were reviewed and approved by the assistant chief of the Wayne Township Fire Department on June 13, 2014, who also inspected the facility on this date. Reports documenting monthly pest control services and water and generator testing were available in the maintenance shop.

The food service operation at CCCF is managed by facility employees. Staff consists of the food service manager, (b)(7)e cook foremen, and a crew of (b)(7)e inmate workers. No detainees work in food service. ODO verified all staff and inmate workers are medically cleared to work in a food service operation, and received Serv-Safe certification. ODO also verified the menus are certified by a registered dietitian, and religious and medically prescribed meals were provided and documented. CCCF has a satellite feeding operation. While ODO found the meal carts are not secured to prevent food tampering, ODO did observe officers supervising the delivery of the meal carts to the housing units.

The law library is located in a room near the housing units. The law library includes a desktop computer, a printer and supplies to support legal research and case preparation by detainees. ODO verified the computer contained a current version of LexisNexis and word-processing software. Detainees have access to paper, writing utensils, and envelopes. Legal documents can be printed and copies are made with the assistance of a staff member. The law library policies and procedures are not posted in the law library.² The facility initiated corrective action during the course of the inspection.

Medical services are provided by Prime Care Medical, Inc., a private contractor. The clinic is open seven days a week, 16 hours a day and is managed by the Health Services Administrator (HSA) who is a registered nurse.

ODO observed a detainee undergo intake screening in the clinic while another medical staff member was making medical record entries. The room is so small there is insufficient space for a privacy screen, and information on the computer screen can be easily seen by detainees being examined. There are no negative air flow cells for respiratory isolation at CCCF. The HSA stated that in the event respiratory isolation is required, the detainee would be transferred to a local hospital or another facility.

ODO reviewed 23 medical records during the inspection. In three out of 23 records reviewed, ODO found medical transfer summaries documented TB clearance by means of a chest X-ray in 2009, 2011, and 2012. All three detainees were negative for signs and symptoms of TB, and two of the detainees received timely chest X-rays at CCCF, which were negative for the presence of TB. However, the third detainee was transferred from CCCF prior to completion of the chest X-ray. The detainee arrived on February 14, 2014, but was not scheduled for a chest X-ray until February 18, 2014, the date on which the mobile X-ray service was next scheduled to visit the

² This is a repeat deficiency from ODO's June 2012 inspection.

facility. Because he was transferred prior to this date, screening for TB was never completed by PPD or chest X-ray at CCCF. CCCF's electronic medical record system triggers an automatic alert for detainees whose mental health needs require special consideration with respect to housing, transfer, or transportation. However, the system does not trigger alerts for medical conditions requiring special consideration, and no alternative, non-electronic mechanism was in place. As a consequence, no alert was generated for the detainee who did not have TB clearance prior to transfer.

According to the Warden, there were no detainee suicide attempts or suicide watches since ODO's last compliance inspection. ODO verified detainees are screened for suicide during intake. Although there were no suicide watch records to review, examination of CCCF and Prime Care suicide prevention and intervention policies confirmed they meet and exceed the requirements of the NDS. ODO's review of training files for all medical staff confirmed initial and annual suicide prevention training was completed. However, documentation of current training was not present in the training files of (b)(7)e randomly-selected detention staff.

ODO evaluated CCCF's sexual abuse and assault prevention and intervention program. Although CCCF was not required to comply with the 2011 PBNDS Sexual Abuse and Assault Prevention and Intervention (SAAPI) standard at the time of the inspection, ODO noted any efforts by the facility to comply with the standard's requirements. The Warden is designated as the Prison Rape Elimination Act (PREA) coordinator for the facility. CCCF has a policy addressing sexual abuse and assault, including a clear zero tolerance statement. Staff interviews supported they are knowledgeable with respect to the PREA program and how to handle any reports or observations concerning possible sexual abuse or assault. Detainees are informed of the PREA/SAAPI program, including reporting procedures, by way of the CCCF Guide on Sexual Abuse and Assault, issued at booking, as well as by means of dormitory postings. CCCF telephones contain a main menu prompt for reporting PREA incidents to a free, Pennsylvania state-run PREA hotline, as well instructions for free, anonymous calls to report incidents to the ICE detainee Helpline. Detainees watch a PREA video, a facility orientation video, and the American Bar Association "Know Your Rights" video during the orientation and booking processes. CCCF maintains cooperation with community services. Victims are transported to the Lock Haven Hospital. The hospital has a Sexual Assault Response Team (SART) complete with counselors and a Sexual Assault Nurse Examiner (SANE). The Clinton County Women's Center is notified to send a rape counselor to respond to the hospital to assist the victim. The PREA Coordinator stated there have been no reported incidents of sexual abuse or assault at CCCF to date, and ODO found no cases in the OPR Joint Integrity Case Management System.

CCCF's Special Management Unit (SMU) for administrative and disciplinary segregation has two single occupancy cells and 14 double occupancy cells. Separation is afforded by cell assignment. The cells share a dayroom area in the center of the unit, with access to telephones and indoor recreational activities. Outdoor recreation is available adjacent to the unit. The SMU has two showers. ODO's inspection found the cells were well-lit, adequately ventilated, and maintained in a sanitary condition. No detainees were on administrative segregation at the time of the compliance inspection. During the 12 months preceding the inspection, four detainees were assigned to administrative segregation status, all pending disciplinary hearings. The hearings were held within 48 hours of the detainees' placement on administrative segregation and none were sanctioned with disciplinary segregation. ODO's review of documentation

confirmed segregation orders were issued, status reviews were conducted, and the detainees received privileges and services required by the NDS.

No detainees were on disciplinary segregation at the time of the compliance inspection, and according to facility staff and ERO, no detainees received disciplinary segregation sanctions during the 12 months preceding the inspection. ODO's review of the facility's policy confirmed it requires detainees to receive privileges and services consistent with the NDS.

Detainees have opportunities to communicate with ERO and CCCF staff regularly. The ICE request log included all required information with the exception of the detainee's nationality and the date of the request, with staff response and action. All detainee requests reviewed by ODO were responded to within 72 hours; however, copies of the response were not placed in the detention files.³ The detainee handbook does not state that the detainee has the opportunity to submit written questions, requests or concerns to ICE staff nor does it include the procedure for doing so, including the availability of assistance. The facility initiated corrective action during the inspection.

CCCF provides detainees two telephones in each of the 32-bed housing units. Detainees are notified that telephone calls are subject to monitoring by way of a recording prior to connection of the call, and by way of a posting in English and Spanish on each phone. Access and usage rules are addressed in the facility's handbook and are posted at telephone locations in both English and Spanish. Speed dial listings for the Department of Homeland Security Office of Inspector General, various consulates and embassies, and pro-bono services, were present in each housing unit. Detainees may request to make an unmonitored call by submitting a request slip to the shift supervisor. The Warden or deputy warden approves and makes arrangements for the unmonitored call. ODO's operability check of all phones in the detainee housing areas confirmed they were in good working order. ERO staff completed weekly inspections of the phones for the 12 months preceding the inspection.

According to CCCF and ERO staff, no use-of-force incidents involving detainees occurred in the 12 months preceding the inspection. The facility's policy and training curriculum confirmed both emphasize confrontation avoidance prior to use of physical force. The policy addresses video-recording of calculated force incidents, post-incident medical examination, notification of ERO, and other procedural requirements of the NDS. Only one exception was noted: the policy does not address after action reviews. The facility initiated corrective action during the inspection.

³ This is a repeat deficiency from ODO's June 2012 inspection.

OPERATIONAL ENVIRONMENT

DETAINEE RELATIONS

ODO interviewed all six detainees at CCCF to assess the conditions of confinement. Interview participation was voluntary and none of the detainees expressed allegations of abuse, discrimination or mistreatment. The majority of detainees reported being satisfied with facility services, including receipt of the detainee handbook and the ICE National Detainee Handbook; receipt and replenishment of hygiene kits; access to telephones; visitation procedures; medical care; and access to recreation, religious services and the law library. All detainees reported seeing ERO staff in the facility at least twice weekly.

The only complaint shared with ODO during the inspection involved food portions. Several detainees said the portions are too small. ODO found the menu well-balanced and the caloric count adequate.

ICE 2000 NATIONAL DETENTION STANDARDS

ODO reviewed a total of 15 NDS and found CCCF fully compliant with the following eight standards:

1. Admission and Release
2. Detainee Classification System
3. Detainee Handbook⁴
4. Environmental Health and Safety
5. Funds and Personal Property
6. Special Management Unit-Administrative Segregation
7. Special Management Unit-Disciplinary Segregation
8. Telephone Access

As the standards above were compliant at the time of the inspection, a synopsis for these standards is not included in this report.

ODO found 13 deficiencies in the following seven standards.

1. Access to Legal Materials
2. Detainee Grievance Procedures
3. Food Service
4. Medical Care
5. Staff-Detainee Communication
6. Suicide Prevention and Intervention
7. Use of Force

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

⁴ The Detainee Handbook standard was found compliant during the inspection; however, deficiencies related to the Detainee Handbook are located under Deficiencies DGP-3 and SDC-3.

ACCESS TO LEGAL MATERIALS (ALM)

ODO reviewed the Access to Legal Material standard at CCCF to determine if detainees have access to a law library, legal materials, and supplies and equipment to facilitate the preparation of legal documents, in accordance with the ICE 2000 NDS. ODO toured the law library, interviewed staff, and reviewed the detainee handbook.

The law library is located in a designated room near the housing units. The law library is well-lit, contains sufficient furnishings, and is equipped with adequate equipment, such as a desktop computer, a printer and supplies, to support legal research and case preparation. ODO verified the computer contained a current version of LexisNexis and word-processing software. Detainees have access to paper, writing utensils, and envelopes. Legal documents can be printed and copies are made with the assistance of a staff member.

Detainees request use of the law library by submitting a request form. Detainees are afforded a minimum of five hours per week during designated library hours every day between 8 a.m. and 9 p.m. Additional time is available upon request. CCCF policy affords the same law library privileges to detainees in special management units.

Facility staff informed ODO that illiterate and limited English proficient detainees are provided assistance with their legal paperwork, as needed. Detainees with appropriate language, reading, and writing abilities are also allowed to provide assistance. The law library custodian provides indigent detainees with free envelopes, stamps, notary services, and certified mail for legal matters.

The facility's handbook informs detainees that the law library is available for use, the scheduled hours of access, the procedure for requesting access, the procedure for requesting additional time, the procedure for requesting legal reference materials not maintained in the law library and the procedure for notifying a designated employee that library material is missing or damaged. These policies and procedures are not posted in the law library (**Deficiency ALM-1**).⁵ The facility initiated corrective action during the course of the inspection.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY ALM-1

In accordance with the ICE 2000 NDS, Access to Legal Material, section (III)(Q), the FOD must ensure the policies and procedures governing access to legal materials, "Shall also be posted in the law library."

⁵ This is a repeat deficiency from ODO's June 2012 inspection.

DETAINEE GRIEVANCE PROCEDURES (DGP)

ODO reviewed the Detainee Grievance Procedure standard at CCCF to determine if a process to submit formal or emergency grievances exists, and responses are provided in a timely manner, without fear of reprisal. In addition, the review was conducted to determine if detainees have an opportunity to appeal responses, and if accurate records are maintained, in accordance with the ICE 2000 NDS. ODO reviewed detention files, logbooks, policies, and the facility handbook, and interviewed staff.

The grievance system at CCCF allows detainees to file informal, formal, and emergency grievances. However, policy and the facility handbook state that an attempt must be made to resolve the grievance informally prior to submitting a formal grievance (**Deficiency DGP-1**). As required by the standard, the detainee must be free to bypass or terminate the informal grievance process and proceed directly to the formal grievance stage.

Grievance forms are available by submitting a request form, and detainees may obtain assistance from another detainee or facility staff in preparing a grievance. The facility will forward any grievances alleging staff misconduct to ERO and has established an appeals process for formal grievances.

CCCF maintains a written grievance log to document and track grievances filed by detainees. Nine formal grievances were filed by detainees in the 12 months preceding the inspection, none of which involved staff misconduct. ODO reviewed the detention files for each of these nine grievances, but found only three present in the files (**Deficiency DGP-2**). One involved a request for a special diet; one a request for a work authorization; and one a lost razor. No patterns or trends were observed. The standard states a copy of each grievance must remain in the detainee's detention file for at least three years.

The facility's handbook provides notice to detainees of the opportunity to file a formal and informal grievance, the procedures for filing a grievance and appeal, and the policy prohibiting staff from retaliating against any detainee for filing a grievance. CCCF's handbook does not provide notice of the right to have the grievance referred to higher levels, the procedure for contacting ICE to appeal a decision of the OIC, and the information about the opportunity to file a direct complaint about officer misconduct (**Deficiency DGP-3**). The facility initiated corrective action during the course of this inspection.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DGP-1

In accordance with the ICE 2000 NDS, Detainee Grievance Procedures, section (III)(A)(1), the FOD must ensure, "The detainee is free to bypass or terminate the informal grievance process, and proceed directly to the formal grievance stage."

DEFICIENCY DGP-2

In accordance with the ICE 2000 NDS, Detainee Grievance Procedures, section (III)(E), the FOD must ensure, “A copy of the grievance will remain in the detainee’s detention file for at least three years.”

DEFICIENCY DGP-3

In accordance with the ICE 2000 NDS, Detainee Grievance Procedures, section (III)(G), the FOD must ensure, “The grievance section of the detainee handbook will provide notice of the following:

3. The procedures for resolving a grievance or appeal, including the right to have the grievance referred to higher levels if the detainee is not satisfied that the grievance has been adequately resolved. The level above the CDF-OIC is the ICE-OIC.
4. The procedures for contacting ICE to appeal the decision of the OIC of a CDF or an IGSA facility.
6. The opportunity to file a complaint about officer misconduct directly with the Justice Department by calling 1-800-869-4499 or by writing to:”

In accordance with the Change Notice National Detentions Standards Staff-Detainee Communication Standard, dated June 15, 2007, the FOD must ensure, until the detainee handbooks can be revised during the annual update, ICE staff shall ensure that each detainee in ICE custody is informed in writing the OIG contact information:

DHS OIG Hotline

Write to:
245 Murray Drive, S.E., Building 410
Washington, D.C. 20538

Email to:
DHSOIGHOTLINE@DHS.GOV

OR Telephone
1-800-323-8603

FOOD SERVICE (FS)

ODO reviewed the Food Service standard at CCCF to determine if detainees are provided with a nutritious and balanced diet, in a sanitary manner, in accordance with the ICE 2000 NDS. ODO inspected food storage and preparation areas, observed meal preparation and service, reviewed relevant documentation, and interviewed staff.

The food service operation at CCCF is managed by facility employees. The staff consists of the food service manager, (b)(7)e cook foremen, and a crew of (b)(7)e inmate workers. No detainees work in food service. ODO reviewed documentation confirming all staff and inmate workers were medically cleared to work in a food service operation, and staff received Serv-Safe certification.

ODO verified all menus were certified by a registered dietitian, and religious and medically prescribed meals were provided and documented. ODO observed the preparation and service of the noon meal on July 30, 2014. Staff and inmate workers wore clean uniforms, gloves, hair nets and beard guards for facial hair. Staff was seen testing food temperatures using a food thermometer and actively supervised the work crew. Clean-as-you-go procedures were followed throughout the course of meal preparation. The meal was sampled and found appetizing, and the portions were consistent with the menu. Once prepared, food items were placed on thermal trays and loaded onto carts for transport to the housing units by inmate workers. While the carts were not secured to prevent food tampering (**Deficiency FS-1**), ODO observed officers supervising their delivery to the housing units and service of the trays to detainees.

ODO's inspection found the kitchen was clean, equipment was in good working order; and the vent hoods, cooler, freezer, and dry storage area were clean and well organized. Logs for the walk-in freezer and cooler and for dishwasher water temperatures were reviewed and confirmed current and in compliance with the standard. Documentation reflects daily and weekly inspections are conducted by food service staff, and monthly inspections are conducted by the registered nurse. The food service operation was last inspected by the Clinton County Health Department in 2013 with no violations of code noted. At that time, the inspector informed CCCF the health department would no longer conduct inspections of the food service department because CCCF does not serve food to the public. ODO recommends CCCF request written notification of that information, and consult ERO as to seeking an alternative external inspection source (**R-1**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY FS-1

In accordance with ICE 2000 NDS, Food Service, section (III)(C)(2)(g), the FOD must ensure, "Food will be delivered from one place to another in covered containers. These may be individual containers, such as pots with lids, or larger conveyances that can move objects in bulk, such as enclosed, satellite-feeding carts. Food carts must have locking devices."

MEDICAL CARE (MC)

ODO reviewed the Medical Care standard at CCCF to determine if detainees have access to healthcare and emergency services to meet health needs in a timely manner, in accordance with the ICE 2000 NDS. ODO inspected the area used as the clinic, observed an intake screening, reviewed policies, procedures and staff training records, verified medical staff credentials, and interviewed the HSA, junior vice president of operations for Prime Care Medical, Inc., the ICE Health Service Corps (IHSC) Field Medical Coordinator, on site ERO personnel, and CCCF administrative and supervisory detention staff. In addition, ODO examined 23 medical records, including the records of the six detainees housed at CCCF at the time of the inspection, and 17 detainees previously held at the facility.

Medical services are provided by Prime Care Medical, Inc., a private contractor. The clinic is open seven days a week, 16 hours a day and is administered by the HSA who is a registered nurse. She is on site eight hours a day, Monday through Friday, and on call during non-business hours. Clinical oversight is provided by the medical director, a physician, who is on site up to two hours one day a week and on call 24 hours a day, seven days a week. Additional staff includes a physician assistant who is on site up to four hours per week and shares on call coverage with other corporate physician assistants; and (b)(7)e full-time and (b)(7)e as needed, licensed practical nurses.

Detainees in need of dental care are referred to community providers. Mental health services are provided by a Prime Care psychiatrist who is on site up to two hours per week, and a clinical social worker employed by the county who is on site three times weekly for up to 15 hours. All professional licenses were present and primary source verified with the issuing state boards for authentication purposes. Based on the current staffing plan, there were no vacancies at the time of the inspection.

During the hours healthcare staff is not on duty (11 p.m. to 7 a.m.), shift commanders are responsible for assessing any medical issues which may arise, and for calling the HSA and on call providers as necessary. Prime Care has a detailed lesson plan, "Health Care Liaison Training," which corporate staff stated is presented to the shift commanders annually. However, inspection of their training files found the training was not documented. During interviews, the shift commanders stated they did not recall being trained, although they satisfactorily articulated understanding of general medical issues and when medical staff should be contacted. ODO recommends providing refresher training to the shift commanders and that the training is documented in staff training records (R-2). ODO's review of all medical and (b)(7)e randomly-selected detention officers confirmed all were current in cardiopulmonary resuscitation and first aid.

In the event a detainee should need medical services beyond the scope of care provided by CCCF, he or she would be transferred to Lock Haven Hospital or Jersey Shore Hospital, both about ten minutes away. Detainees requiring mental health care are sent to Divine Providence Hospital in Williamsport, also about ten minutes away.

Healthcare is provided in a small room used for examinations and treatment, and medication and supply storage. The room also has a desk with a computer used for making entries to the

electronic medical record system. There is additional office space for the HSA in a storage room down the hall from the clinic area. ODO observed a detainee undergo intake screening in the clinic, while another medical staff member was making medical record entries. The room is so small there is insufficient space for a privacy screen, and information on the computer screen can be easily seen by detainees being examined (**Deficiency MC-1**). CCCF installed a telephone line in the examination/treatment room for use accessing interpretation services when a language barrier exists.

Correctional staff conducts initial medical and mental health screenings. ODO's review of the intake screening lesson plan confirmed it is adequate, and inspection of (b)(7) randomly-selected detention officers' training records confirmed current training. Consistent with Prime Care policy, detainees receive subsequent screening by nursing staff within four hours of admission. All 23 records reviewed documented completion of intake screening by officers and nurses.

There are no negative air flow cells for respiratory isolation at CCCF. The HSA stated that in the event respiratory isolation is required, the detainee would be transferred to a local hospital or another facility. The screening, which is completed by officers and nurses, addresses signs and symptoms of tuberculosis (TB). Testing by way of purified protein derivative (PPD) skin test is completed by nursing staff, and chest X-rays are completed via mobile X-ray service when required. In three out of 23 records reviewed, ODO found medical transfer summaries documented TB clearance by means of chest X-ray in 2009, 2011, and 2012. All three detainees were negative for signs and symptoms of TB, and two of the detainees received timely chest X-rays at CCCF which were negative for the presence of TB. However, the third detainee was transferred from CCCF prior to completion of the chest X-ray. The detainee arrived on February 14, 2014, but was not scheduled for a chest X-ray until February 18, 2014, the date on which the mobile X-ray service was next scheduled to visit the facility. Because he was transferred prior to this date, screening for TB was never completed by PPD or chest X-ray at CCCF (**Deficiency MC-2**).

Of the 23 detainees whose records were reviewed by ODO, 16 were transferred within 13 days of admission. ODO verified the remaining seven detainees received health appraisals conducted by the HSA, between five and 12 days following their arrival. Health appraisals included hands-on physical examinations and examination of the oral cavity for dental caries or other oral cavity abnormalities. Review by the medical director was documented in all seven cases. The HSA's training records included documentation of training in conducting health appraisals.

Detainees access health care services by completing written medical request forms. ODO was informed the medical request forms are available in the housing units, though during the tour, ODO noted one housing unit had no request forms. This was corrected immediately by the HSA during the inspection. ODO recommends that medical staff routinely verify medical request forms are available in the housing units, replenishing them as necessary (**R-3**). Detainees deposit requests in a locked, wall-mounted box for pick-up by medical staff on the evening shift. According to the HSA, requests are triaged upon receipt for urgency. Because of the short length of stay at CCCF, the record review identified only six sick call requests. All were triaged and the detainees were promptly seen. Sick call is conducted daily in the clinic area using Prime Care nursing protocols signed by the medical director. Of the 23 medical records reviewed, only six

of the detainees had chronic conditions. Their records documented early enrollment in CCCF's chronic care program and monitoring by a provider for the term of detention.

Licensed practical nurses distribute medications and document administration in the electronic medication administration record (MAR). The system is user friendly and has many useful features, including automatic calculation of the medication compliance ratio for each medication. In reviewing MARs, ODO identified a detainee who was prescribed an anti-seizure medication upon admission. The MAR documented that following the prescription, he did not take three of six doses of the medication. Nurses recorded a question mark for one of the missed doses, signifying the reason was unknown; and for the other two, "absent" was recorded, signifying the detainee did not report to the medication cart.

ODO identified another detainee whose compliance with morning diabetic medications was marginal in the months of June and July 2014. "Absent" was recorded for the missed medications. According to the HSA, CCCF does not consider absence the same as refusal of medication; therefore, no refusal form was signed by the detainees, the provider was not notified, and the detainees were not counseled on the serious risk of non-compliance. In the first referenced case, the detainee was taken to the emergency room after having a seizure, and was transferred from CCCF the day after he returned. The facility's policy on medication refusal requires completion of refusal forms, provider notification, and patient counseling. During the inspection, the HSA changed the procedure to require that nurses individually call for detainees who do not initially report to the medication cart. Refusals of medication at that point will be treated as required by facility policy. Adherence to this new procedure will ensure appropriate follow up to missed medications.

CCCF's electronic medical record system triggers an automatic alert for detainees whose mental health needs require special consideration with respect to housing, transfer, or transportation. This alert is directed to security personnel and the IHSC Field Medical Coordinator. However, the system does not trigger alerts for medical conditions requiring special consideration, and no alternative, non-electronic mechanism was in place. As a consequence, no alert was generated for the detainee who did not have TB clearance prior to transfer (**Deficiency MC-3**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY MC-1

In accordance with ICE 2000 NDS, Medical Care, section (III)(M), the FOD must ensure, "All medical providers shall protect the privacy of detainees' medical information to the extent possible while permitting the exchange of health information required to fulfill program responsibilities and to provide for the well being of detainees.

DEFICIENCY MC-2

In accordance with ICE 2000 NDS, Medical Care, section (III)(D), the FOD must ensure, "All new arrivals shall receive TB screening by PPD (mantoux method) or chest x-ray. The PPD shall be the primary screening method unless this diagnostic test is contraindicated; then a chest x-ray is obtained."

DEFICIENCY MC-3

In accordance with ICE 2000 NDS, Medical Care, section (III)(N), the FOD must ensure, “When the medical staff determines that a detainee’s medical or psychiatric condition requires either clearance by the medical staff prior to release or transfer, or requires medical escort during deportation or transfer, the OIC will be so notified in writing.”

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the Staff-Detainee Communication standard at CCCF to determine if procedures are in place to allow formal and informal contact between detainees and key ICE and facility staff, and if ICE detainees are able to submit written requests to ICE staff and receive responses in a timely manner, in accordance with the ICE 2000 NDS. ODO interviewed staff and detainees and reviewed the Facility Liaison Visit Checklists.

ERO staff conducts weekly scheduled and unscheduled visits to CCCF. ODO reviewed a sign-in log and interviewed both ERO and CCCF staff to confirm visits are conducted and documented. ODO reviewed the Facility Liaison Visit Checklists for the 12 months preceding the inspection, and noted that an Immigration Enforcement Agent (IEA) and a Deportation Officer (DO) are assigned to the facility to conduct weekly scheduled and unscheduled visits to monitor detention conditions, and to address inquiries and requests from detainees. A posting of scheduled ERO visits appeared in all housing units during the inspection.

Detainees have opportunities to communicate with ERO and CCCF staff regularly. Detainee request forms are available in all housing units. Detainees give all request forms regarding facility concerns to the housing unit officer. When detainees have requests for ERO, housing unit officers provide envelopes to detainees so that requests can be sealed and placed in a separate box for ERO. Detainee requests are collected and logged by ERO staff. The logs contained all required information except for the detainee's nationality, the date of the request, staff's response and action, and the date of the response (**Deficiency SDC-1**).

Detainees submitted 31 total requests in the 12 months preceding the inspection. Twelve related to case status or release date; eight to telephone calls; four regarding property; two for medical care and five related to miscellaneous issues. ODO verified all detainee requests are responded to within 72 hours; however, copies of the response are not placed in the detention files (**Deficiency SDC-2**).⁶

ERO 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. The detainee handbook does not state that detainees have the opportunity to submit written questions, requests or concerns to ERO staff and the procedure for doing so, including the availability of assistance (**Deficiency SDC-3**). The facility initiated corrective action during the course of the inspection.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SDC-1

In accordance with the ICE 2000 NDS, Staff-Detainee Communication, section (III)(B)(2)(d)(f), the FOD must ensure "the log, at a minimum, shall contain:

- d. Nationality;
- f. The date that the request, with staff response and action, is returned to the detainee.

⁶ This is a repeat deficiency from ODO's June 2012 inspection.

In IGSA's, the date the request was forwarded to ICE and the date it was returned shall also be recorded."

DEFICIENCY SDC-2

In accordance with the ICE 2000 NDS, Staff-Detainee Communication, section (III)(B)(2), the FOD must ensure, "All completed Detainee Requests will be filed in the detainee's detention file and will remain in the detainee's detention file for at least three years."

DEFICIENCY SDC-3

In accordance with the ICE 2000 NDS, Staff-Detainee Communication, section (III)(B)(3), the FOD must ensure, "The handbook shall state that the detainee has the opportunity to submit written questions, requests, or concerns to ICE staff and the procedure for doing so, including the availability of assistance in preparing the request."

SUICIDE PREVENTION AND INTERVENTION (SP&I)

ODO reviewed the Suicide Prevention and Intervention standard at CCCF to determine if the health and well-being of detainees are protected by training staff in effective methods of suicide prevention, in accordance with the ICE 2000 NDS. ODO inspected the suicide watch cells, interviewed medical, administrative, and training staff, and reviewed suicide prevention policies, the training curriculum, and staff training records.

According to the Warden, no detainee suicide attempts or suicide watches occurred since ODO's June 2012 inspection. The two cells used for suicide watch are monitored by closed circuit camera. In addition, the facility's policy states an officer must be stationed directly outside the cell to maintain constant monitoring during a suicide watch, because the cells have an open bar grill. The cells were otherwise free from any other protrusions or objects that could assist in a suicide attempt. A quilted suicide smock and quilted suicide blanket are issued.

ODO verified detainees are screened for suicide risk during intake. Medical staff complete a screening form based on the New York Risk Assessment Model which uses a point system to score screening elements. A score of eight or higher results in assignment to suicide watch. Although there were no suicide watch records to review, examination of CCCF and Prime Care suicide prevention and intervention policies confirmed they meet and exceed the requirements of the NDS.

All staff is required to receive initial and ongoing suicide prevention training which addresses identification of suicide risk factors, recognizing the signs of suicidal thinking and behavior, referral procedures, suicide prevention techniques, and responding to an in-progress suicide attempt. According to the deputy warden, CCCF uses a curriculum developed by a psychologist for the Lycoming-Clinton Mental Health/Intellectual Disabilities Program which is presented by a psychologist via a video. ODO's review of training files for all medical staff confirmed initial and annual suicide prevention training was completed. However, documentation of current training was not present in (b)(7)e randomly-selected training files (**Deficiency SP&I-1**). The deputy warden assured ODO all detention staff are trained annually, though completion of training is sometimes documented on cards instead of the training files. The cards were not produced to verify the remaining (b)(7)e officers had current training. ODO recommends CCCF consolidate training documentation (**R-4**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SP&I-1

In accordance with ICE 2000 NDS, Suicide Prevention and Intervention, section (III)(A), the FOD must ensure, "All staff will receive training, during orientation and periodically, in the following: recognizing signs of suicidal thinking, including suspect behavior; facility referral procedures; suicide- prevention techniques; and responding to an in-progress suicide attempt. All training will include the identification of suicide risk factors and the psychological profile of a suicidal detainee."

USE OF FORCE (UOF)

ODO reviewed the Use of Force standard at CCCF to determine if necessary use of force is used only after all reasonable efforts have been exhausted to gain control of a subject, while protecting and ensuring the safety of detainees, staff and others, preventing serious property damage, and ensuring the security and orderly operation of the facility, in accordance with the ICE 2000 NDS. ODO toured the facility, interviewed facility and ERO staff, and reviewed the use of force policy and staff training records.

According to CCCF and ERO staff, no use-of-force incidents involving detainees occurred in the 12 months preceding the inspection. An ERO Supervisory Detention and Deportation Officer (SDDO) could not recall when the last use-of-force incident involving a detainee occurred. The facility's policy and training curriculum both emphasize confrontation avoidance prior to use of physical force. The policy addresses video recording of calculated force incidents, post-incident medical examination, notification of ERO, and other procedural requirements of the NDS. Only one exception was noted: the policy does not address after action reviews (**Deficiency UOF-1**). During the course of the inspection, the policy was amended to include procedures for after-action reviews and the SDDO documented review and approval of the procedures.

CCCF has Tasers, an electro-muscular disruption device, but policy forbids their use on detainees. Oleo capsicum (OC) spray is secured and its use must be authorized by a shift supervisor. ODO's review of training files for (b)(7) randomly-selected officers confirmed OC spray certification and current training in the use-of-force team technique. Inspection confirmed protective gear and video cameras were available and checked routinely to ensure proper functioning.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY UOF-1

In accordance with ICE 2000 NDS, Use of Force, section (III)(K), the FOD must ensure, "Written procedures shall govern the use of force incident review, whether calculated or immediate, and the application of restraints. The review is to assess the reasonableness of the actions taken (force proportional to the detainee's actions), etc. IGSA will pattern their incident review process after [ICE]. [ICE] shall review and approve all After Action Review procedures."