



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

**Office of Detention Oversight
Compliance Inspection**

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

**Cambria County Jail
Ebensburg, Pennsylvania**

March 8-12, 2021

**COMPLIANCE INSPECTION
of the
CAMBRIA COUNTY JAIL
Ebensburg, Pennsylvania**

TABLE OF CONTENTS

FACILITY OVERVIEW	4
COMPLIANCE INSPECTION PROCESS	5
FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES	6
DETAINEE RELATIONS	7
COMPLIANCE INSPECTION FINDINGS	7
DETAINEE SERVICES.....	7
Admission and Release.....	7
Detainee Classification System.....	7
Detainee Grievance Procedures	7
Funds and Personal Property	8
SECURITY AND CONTROL.....	8
Environmental Health and Safety	8
OTHER STANDARDS INSPECTED.....	8
National Detention Standards 2019 Disability Identification, Assessment, and Accommodation.....	8
National Detention Standards 2019 Sexual Abuse and Assault Prevention and Intervention.....	8
CONCLUSION	9

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FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Cambria County Jail (CCJ) in Ebensburg, Pennsylvania, from March 8 to 12, 2021.¹ The facility opened in May 1997 and is owned and operated by Cambria County. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at CCJ in August 1998 under the oversight of ERO’s Field Office Director in Philadelphia (ERO Philadelphia). The facility operates under the National Detention Standards (NDS) 2000.²

ERO has assigned deportation officers to the facility. A CCJ warden handles daily facility operations and is supported by ██████ personnel. CCJ provides food services, PrimeCare Medical provides medical care, and Keefe Supply Company provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in 2017.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ³	166
Average ICE Detainee Population ⁴	████
Male Detainee Population (as of March 8, 2021)	████
Female Detainee Population (as of March 8, 2021)	N/A

During its last inspection, in Fiscal Year (FY) 2020, ODO found 24 deficiencies in the following areas: Custody Classification System (4); Disability Identification, Assessment, and Accommodation (1); Funds and Personal Property (2); Grievance System (3); Medical Care (2); Sexual Abuse and Assault Prevention and Intervention (8); and Visitation (4).

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

² ERO Custody Management Division informed ODO on March 31, 2021, CCJ was one of several U.S. Marshals Service intergovernmental agreement facilities in which ODO should inspect under the NDS 2000 instead of the NDS 2019. ODO inspected CCJ against NDS 2019 before receiving this updated guidance and ODO verified all findings against the NDS 2000 prior to citing as a deficiency in this report.

³ Data Source: ERO Facility List Report as of March 1, 2021.

⁴ *Ibid.*

⁵ Per the March 1, 2021, ERO Facility List Report, CCJ had a FY 2020 average daily population of 12 detainees, which is why ODO scheduled CCJ for an inspection in FY 2021. Although the facility’s population count during the inspection was zero, the facility has a current contract to house ICE detainees, which is why ODO continued with the inspection.

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) greater than ten, and where detainees are housed for longer than 72 hours, to assess compliance with ICE national detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁶

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO also highlights instances in which the facility resolves deficiencies prior to completion of the ODO inspection. Where applicable, these corrective actions are annotated with “C” under the *Compliance Inspection Findings* section of this report.

Upon completion of each inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to: (i) assist ERO in developing and initiating corrective action plans; and (ii) provide senior executives with an independent assessment of facility operations. ODO’s findings inform ICE executive management in their decision-making to better allocate resources across the agency’s entire detention inventory.

ODO was unable to conduct an on-site inspection of this facility, because of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

⁶ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected ^{7&8}	Deficiencies
Part 1 – Detainee Services	
Access to Legal Material	0
Admission and Release	2
Detainee Classification System	1
Detainee Grievance Procedures	1
Food Service	0
Funds and Personal Property	1
Religious Practices	0
Staff-Detainee Communication	0
Telephone Access	0
Sub-Total	5
Part 2 – Security and Control	
Emergency Plans	0
Environmental Health and Safety	1
Population Counts	0
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	0
Sub-Total	1
Part 3 – Health Services	
Hunger Strikes	0
Medical Care	0
Suicide Prevention and Intervention	0
Sub-Total	0
Other Standards Inspected	
NDS 2019 Disability Identification, Assessment, and Accommodation	0
NDS 2019 Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	0
Total Deficiencies	6

⁷ For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

⁸ Beginning in FY 2021, ODO added Emergency Plans, Facility Security and Control, Population Counts, Hunger Strikes, and Staff Training as core standards. NDS 2019 does not include Emergency Plans, Population Counts, nor Staff Training as individual standards; however, those specific requirements are resident in other core standards.

DETAINEE RELATIONS

The facility's ICE detainee population count was zero during the entire inspection. As such, ODO did not interview any detainees during this inspection. Although the facility's population count was zero, the facility has an active contract to house detainees and their FY 2020 ADP was 12, which met ODO's inspection criteria of an ADP of 10 or more.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ADMISSION AND RELEASE (A&R)

ODO reviewed the facility's orientation video and found the video did not include procedures on how to contact ERO Philadelphia nor how to use the telephone system to make telephone calls, which ODO cited as an **Area of Concern**.

ODO reviewed 12 detainee admission files and found no evidence in 12 out of 12 detainee admission files the facility issued detainees their ICE National Detainee Handbook, and 5 out of 12 detainee admission files did not contain documentation of their receipt of the facility's issued handbook (**Deficiency A&R-26⁹**).

ODO reviewed 12 detainee release files and found the facility's detainee release processing procedure did not include fingerprinting the detainee in 12 out of 12 files reviewed (**Deficiency A&R-28¹⁰**).

DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO reviewed 12 detainee classification files and found the facility exceeded 12 hours for classifying and housing 9 out of 12 detainees. ODO cited this as an **Area of Concern**.

ODO reviewed the facility's DCS program and found the facility does not have a systematic process that readily identifies a detainee's classification level (**Deficiency DCS-8¹¹**).

DETAINEE GRIEVANCE PROCEDURES (DGP)

ODO reviewed 31 detainee grievances and found the facility did not address 15 out of 31 detainee grievances within 5 business days (**Deficiency GS-15¹²**).

⁹ "Upon admission, every detainee will receive a detainee handbook." See ICE NDS 2000, Standard, Admission & Release, Section (III)(K).

¹⁰ "Staff must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include completing and processing forms, closing files, fingerprinting; returning personal property; and reclaiming facility-issued clothing, bedding, etc." See ICE NDS 2000, Standard, Admission & Release, Section (III)(J).

¹¹ "Each facility shall establish a system that readily identifies a detainee's classification level, for example, color-coded uniforms." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(A).

¹² "The OIC will establish procedures for detainees to orally present the issue of concern informally to any staff

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed 12 detainee files and found 12 out of 12 detainee files did not contain a forwarding address (**Deficiency F&PP-15**¹³).

ODO reviewed the facility's F&PP inventory logbook and found the detainee property inventory conducted on December 8, 2020, did not contain the time the facility conducted the property inventory, which ODO cited as an **Area of Concern**.

ODO reviewed 12 detainee files and found 5 out of 12 detainee files did not have documentation indicating detainees signed for receipt of their personal property, which ODO cited as an **Area of Concern**.

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the facility's EH&S program and found the Pennsylvania Department of Environmental Protection assessed the facility's water supply and determined the water supply violated and/or exceeded the drinking water standard (**Deficiency EH&S-31**¹⁴).

ODO reviewed the facility's EH&S program and found the facility did not have a procedure in place to inform ERO Philadelphia nor ICE detainees of the reports received from the Pennsylvania Department of Environmental Protection, which stated the facility's water supply was in violation of the state's drinking water standards. ODO cited this as an **Area of Concern**.

OTHER STANDARDS INSPECTED

NDS 2019 DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIA&A)

ODO reviewed the facility's DIA&A program and cited an **Area of Concern**. Specifically, the facility's orientation program did not inform detainees about the facility's disability accommodations policy, including their right to request reasonable accommodations and how to make such a request.

NDS 2019 SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility's SAAPI program and found ERO Philadelphia has not reviewed nor approved the facility's SAAPI policy and procedures. ODO cites this as an **Area of Concern**.

member at any time within five business days of the event." *See* ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(A).

¹³ "Standard operating procedure will include obtaining a forwarding address from every detainee who has personal property that could be lost or forgotten in the facility after the detainee's release, transfer, or removal." *See* ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(C).

¹⁴ "The facility's environmental health conditions will be maintained at a level that meets recognized standards of hygiene." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(R)(1).

ODO reviewed the facility’s SAAPI program and cited as an **Area of Concern** the facility did not include SAAPI training in its biannual refresher training.

ODO reviewed the facility’s SAAPI program and cited an **Area of Concern**. Specifically, ERO Philadelphia has not reviewed nor approved the facility’s medical staffing procedures for examining and treating victims of sexual abuse.

ODO reviewed 12 detainee files and cited as an **Area of Concern** 5 out of 12 files did not have documentation indicating the detainees participated in the facility’s SAAPI instruction sessions.

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 18 standards under NDS 2000, 2 standards under NDS 2019, and found the facility in compliance with 15 of those standards. ODO found six deficiencies in the remaining five standards. Additionally, ODO cited 10 **Areas of Concern**. CCJ was contractually obligated to comply with the NDS 2000 standard, and ODO verified each finding against the NDS 2000 standards prior to citing the findings as deficiencies in this report. ODO commends facility staff for its responsiveness during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2020 (NDS 2019)	FY 2021 (NDS 2000)/(NDS 2019)
Standards Reviewed	18	18/2
Deficient Standards	7	5
Overall Number of Deficiencies	24	6
Repeat Deficiencies	0	N/A
Areas of Concern	0	10
Corrective Actions	4	0