



**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

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**Office of Detention Oversight  
Compliance Inspection**

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

**Clinton County Correctional Facility  
Lock Haven, Pennsylvania**

**February 22-25, 2021**

**COMPLIANCE INSPECTION**  
**of the**  
**CLINTON COUNTY CORRECTIONAL FACILITY**  
Lock Haven, Pennsylvania

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## COMPLIANCE INSPECTION TEAM MEMBERS



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## FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Clinton County Correctional Facility (CCCF) in Lock Haven, Pennsylvania, from February 22 to 25, 2021.<sup>1</sup> The facility opened in 1990 and is owned and operated by Clinton County. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at CCCF in 2003 under the oversight of ERO’s Field Office Director (FOD) in Philadelphia (ERO Philadelphia). The facility operates under the National Detention Standards (NDS) 2000.<sup>2</sup>

ERO has not assigned deportation officers nor a detention services manager to the facility. A CCCF warden handles daily facility operations and is supported by █ personnel. Aramark provides food services, Wellpath provides medical care, and Oasis provides commissary services at the facility. In September 2019, CCCF was audited for the Department of Justice (DOJ) Prison Rape Elimination Act (PREA) and was DOJ PREA certified.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>3</sup>	50
Average ICE Detainee Population <sup>4</sup>	█
Male Detainee Population (as of 2/22/2021)	█
Female Detainee Population (as of 2/22/2021)	█

During its last inspection, in Fiscal Year (FY) 2020, ODO found 11 deficiencies in the following areas: Detainee Grievance Procedures (2); Food Service (1); Funds and Personal Property (2); Visitation (1); Medical Care (4); and Suicide Prevention and Intervention (1).

<sup>1</sup> This facility holds male and female detainees with low, medium, and high security classification levels for periods longer than 72 hours.

<sup>2</sup> ERO Custody Management Division informed ODO on April 1, 2021, CCCF 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 CCCF 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.

<sup>3</sup> Data Source: ERO Facility List Report as of February 22, 2021.

<sup>4</sup> *Ibid.*

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population 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.<sup>5</sup>

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, as a result 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.

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<sup>5</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

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

<sup>6</sup> For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

<sup>7</sup> 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

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO conducted detainee interviews via video teleconference.

*Medical Care:* One detainee stated he had a cyst on his lip, which caused him irritation, and the facility's medical staff refused to treat it.

- Action Taken: ODO reviewed the detainee's medical records and spoke with the facility's medical staff. ODO found a facility medical doctor evaluated the detainee's lip on December 11, 2020. The doctor recommended the detainee's lip be cauterized and for a specialist to evaluate his condition. A specialist had not evaluated the detainee prior to the start of ODO's inspection. The facility's medical staff conducted a follow-up evaluation of the detainee's lip on February 24, 2021, and the results of the follow-up evaluation were not available prior to the conclusion of the inspection. ODO followed-up on this detainee with ERO Philadelphia and learned the doctor re-assessed the detainee as having a blocked salivary duct, which did not need to be cauterized as it was not bleeding, and prescribed Pilocarpine. The detainee has since submitted another medical request in which he stated his condition has not improved since he began taking the medication. The facility's medical staff scheduled the detainee for another follow-up evaluation for April 2, 2021.

*Medical Care:* One detainee stated the facility did not subject all new arrivals to quarantine during their intake to the facility.

- Action Taken: ODO interviewed the facility's health services administrator who stated the facility's medical staff conducted a COVID-19 rapid screen test on each detainee during their intake into the facility. Detainees who tested positive for COVID-19 were placed in quarantine and detainees who tested negative for COVID-19 were classified and housed in the facility's general population.

*Environmental Health and Safety:* Two detainees stated their housing units were very cold because the housing unit's heater was broken.

- Action Taken: ODO interviewed the facility's maintenance supervisor and found on February 19, 2021, the heater in the detainee's housing unit malfunctioned, which temporarily rendered it inoperable. On February 20, 2021, the vendor of the heating unit sent two technicians who inspected and repaired the heater. On February 22, 2021, ODO requested the facility report the temperature readings from inside the detainee housing unit. The facility reported the detainee housing unit temperatures were 72-degrees Fahrenheit for the ground and 74-degrees Fahrenheit for the air, which matched the facility's normal temperature readings for the detainee housing unit.

# COMPLIANCE INSPECTION FINDINGS

## DETAINEE SERVICES

### FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the facility's quarterly inventory logs and found the facility did not record the time for when they completed the third quarter audit, which ODO cited as an **Area of Concern**.

## SECURITY AND CONTROL

### SPECIAL MANAGEMENT UNIT (ADMINISTRATIVE SEGREGATION) (SMU AS)

ODO reviewed 24 detainee files for detainees the facility had placed in the SMU and found 11 out of 24 detainee files did not consistently record whether the detainees ate (**Deficiency SMU-65<sup>8</sup>**).

ODO found in 11 out of 24 detainee files, the facility's medical staff did not sign the individual's record when visiting the detainee in the SMU, which ODO cited as an **Area of Concern**.

ODO found in 11 out of 24 detainee files, the facility's medical staff did not record completion of face-to-face medical assessments, which ODO cited as an **Area of Concern**.

ODO found in 11 out of 24 detainee files, the facility's medical staff did not record their visits on the detainees' SMU housing records, which ODO cited as an **Area of Concern**.

### SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION) (SMU DS)

ODO reviewed 24 detainee files for detainees the facility had placed in the SMU and found 11 out of 24 detainee files did not consistently record whether the detainees ate (**Deficiency SMU-65<sup>9</sup>**).

### USE OF FORCE (UOF)

ODO reviewed three facility after-action-reviews (AAR) for three immediate UOF incidents and found in one out of three reviews, the facility review team did not complete nor submit the AAR report to the facility administrator within five-working days of the incident. ODO cited this as an **Area of Concern**.

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under NDS 2000, two standards under NDS 2019, and found the facility in compliance with 18 of those standards. ODO found two deficiencies in the remaining two standards. CCCF was contractually

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<sup>8</sup> "A permanent log will be maintained in the SMU. The log will record all activities concerning the SMU detainees, e.g., meals served, recreation, visitors, etc." See ICE NDS 2000, Standard, Special Management Unit (Administrative Segregation), Section (III)(E)(1).

<sup>9</sup> "A permanent log will be maintained in the SMU. The log will not [*sic*] all activities concerning the SMU detainees, e.g., meals served, recreation, visitors, etc." See ICE NDS 2000, Standard, Special Management Unit (Disciplinary Segregation), Section (III)(E)(1).

obligated to comply with NDS 2000 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 their responsiveness during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2020 (NDS 2000)</b>	<b>FY 2021 (NDS 2000)/(NDS 2019)</b>
Standards Reviewed	17	18/2
Deficient Standards	6	2
Overall Number of Deficiencies	11	2
Repeat Deficiencies	0	0
Areas of Concern	0	5
Corrective Actions	1	0