



**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**

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

**March 1-4, 2021**

**COMPLIANCE INSPECTION**  
**of the**  
**PIKE COUNTY CORRECTIONAL FACILITY**  
Lords Valley, Pennsylvania

**TABLE OF CONTENTS**

<b>FACILITY OVERVIEW .....</b>	<b>4</b>
<b>COMPLIANCE INSPECTION PROCESS .....</b>	<b>5</b>
<b>FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES.....</b>	<b>6</b>
<b>DETAINEE RELATIONS.....</b>	<b>7</b>
<b>COMPLIANCE INSPECTION FINDINGS .....</b>	<b>8</b>
<b>SAFETY.....</b>	<b>8</b>
Environmental Health and Safety .....	8
<b>SECURITY .....</b>	<b>8</b>
Admission and Release.....	9
Funds and Personal Property .....	9
Staff-Detainee Communication .....	10
<b>CARE .....</b>	<b>10</b>
Hunger Strikes .....	11
Medical Care.....	10
<b>ACTIVITIES.....</b>	<b>11</b>
Religious Practices.....	12
Telephone Access .....	11
<b>JUSTICE.....</b>	<b>12</b>
Grievance System .....	12
<b>CONCLUSION .....</b>	<b>12</b>

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## COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Acting Team Lead	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Contractor	Creative Corrections

## 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 Pike County Correctional Facility (PCCF) in Lords Valley, Pennsylvania, from March 1 to 4, 2021.<sup>1</sup> The facility opened in 1995 and is owned and operated by Pike County. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at PCCF in 1996 under the oversight of ERO’s Field Office Director in Philadelphia (ERO Philadelphia). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2008 and is contractually obligated for the following PBNDS 2011 (Revised 2016) standards: Sexual Abuse and Assault Prevention and Intervention and Significant Self-Harm and Suicide Prevention and Intervention. Additionally, ODO reviewed the Federal Performance Based Detention Standards: Detainees with Disabilities.<sup>2</sup>

ERO has assigned deportation officers and a detention services manager to the facility. A warden handles daily facility operations and is supported by █████ personnel. Pike County provides food services, PrimeCare Medical Inc. provides medical care, and Keefe Group provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in July 2019.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>3</sup>	As Needed
Average ICE Detainee Population <sup>4</sup>	████
Male Detainee Population (as of 3/1/2021)	████
Female Detainee Population (as of 3/1/2021)	0

During its last inspection, in fiscal year (FY) 2020, ODO found eight deficiencies in the following areas: Environmental Health and Safety (1); Admission and Release (1); Special Management Units (1); Food Service (3); Visitation (1); and Grievance System (1).

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

<sup>2</sup> Although PBNDS 2008 does not have a Disability Identification, Assessment, and Accommodation standard, ODO assessed PCCF against the FPBDS Detainees with Disabilities standard.

<sup>3</sup> Data Source: ERO Facility List Report as of March 1, 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 PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2008 MAJOR CATEGORIES

PBNDs 2008 Standards Inspected <sup>6</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Emergency Plans	0
Environmental Health and Safety	6
<b>Sub-Total</b>	<b>6</b>
<b>Part 2 – Security</b>	
Admission and Release	2
Classification System	0
Facility Security and Control	0
Funds and Personal Property	5
Population Counts	0
Special Management Units	0
Staff-Detainee Communication	3
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>10</b>
<b>Part 4 – Care</b>	
Food Service	0
Hunger Strikes	4
Medical Care	4
<b>Sub-Total</b>	<b>8</b>
<b>Part 5 – Activities</b>	
Religious Practices	1
Telephone Access	5
<b>Sub-Total</b>	<b>6</b>
<b>Part 6 – Justice</b>	
Grievance System	2
Law Libraries and Legal Material	0
<b>Sub-Total</b>	<b>2</b>
<b>Other Standards Inspected</b>	
PBNDs 2011 (Revised 2016) Sexual Abuse and Assault Prevention and Intervention	0
PBNDs 2011 (Revised 2016) Significant Self-Harm and Suicide Prevention and Intervention	0
Federal Performance Based Detention Standards (FPBDS) Detainees with Disabilities	0

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

<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>32</b>

## 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 attempted to conduct detainee interviews via video teleconference; however, ERO Philadelphia and the facility were not able to accommodate this request due to technology issues. As such, ODO conducted the detainee interviews via telephone.

*Food Service:* One detainee stated he requested a religious diet and an officer told him to wait 90 days for it to go into effect.

- Action Taken: ODO interviewed the treatment counselor who reported the detainee submitted a request to change his religious preference and requested a common fare diet. The treatment counselor acknowledged the denial of the initial request because facility's policy only allows detainees to change their religious preference once every 90 days. ODO cited this as a deficiency under the *Religious Practices* standard. Effective March 4, 2021, the treatment counselor placed the detainee on the common fare religious diet.

*Medical Care:* One detainee stated he submitted a request for a medical diet and medicine for his stomach issues, but medical staff have not evaluated him.

- Action Taken: ODO interviewed the health services administrator (HSA) and found on March 2, 2021, the physician reviewed the detainee's culture result and ordered a computerized tomography (CT) scan. On March 2, 2021, the HSA met with the detainee and informed the detainee the physician scheduled him for a CT scan for mid-March 2021. The HSA contacted the physician to explore medicinal options for the detainee to avoid a bowel movement accident, until the CT scan is conducted. The physician did not prescribe medicine by the conclusion of the inspection period.

*Medical Care:* One detainee stated he submitted a request for a medical diet and medical staff have not evaluated him.

- Action Taken: ODO interviewed the HSA and on March 2, 2021, the HSA met with the detainee to inquire about his medical diet request and non-compliance with the medication prescribed to him. The detainee stated sometimes he attempts to have a bowel movement and only passes gas. The HSA educated the detainee on the prescribed medication and informed him a special diet requires clinical justification. The HSA offered the detainee stool softeners, but he declined, stating he will speak with his counselor to request a vegan diet. The HSA also educated the detainee on the sick call procedure and instructed him to follow up with medical as needed.

# COMPLIANCE INSPECTION FINDINGS

## SAFETY

### ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed facility documentation and found the facility has not conducted nor documented fire drills in all required facility locations at [REDACTED] since August 2020 (**Deficiency EH&S-106<sup>7</sup>**).

ODO reviewed facility documentation and found the facility does not conduct nor document fire drills in the housing units, medical clinics, and other areas occupied or staffed [REDACTED] [REDACTED] (**Deficiency EH&S-107<sup>8</sup>**).

ODO reviewed facility documentation and found the facility does not conduct nor document fire drills; therefore, detainees are not evacuated (**Deficiency EH&S-108<sup>9</sup>**) nor do staff simulate the fire drills in areas where detainees cannot be evacuated (**Deficiency EH&S-109<sup>10</sup>**).

ODO reviewed facility documentation and found the facility does not conduct nor document fire drills; therefore, staff do not [REDACTED] (**Deficiency EH&S-110<sup>11</sup>**) nor do staff [REDACTED] (**Deficiency EH&S-111<sup>12</sup>**).

## SECURITY

### ADMISSION AND RELEASE (A&R)

ODO found 2 out of 10 detainee detention files did not contain documentation to verify detainees completed their orientation (**Deficiency A&R-57<sup>13</sup>**).

ODO reviewed 10 detainee detention files and found none contained facility handbook tablet acknowledgment receipts. In addition, 7 out of 10 detainee detention files had an outdated orientation attendance form stating a copy of the local handbook had been issued; however, the

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<sup>7</sup> “Fire drills shall be conducted and documented at [REDACTED] in all facility locations including administrative areas.” See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (VII)(D).

<sup>8</sup> “Fire drills in housing units, medical clinics, and other areas occupied or staffed [REDACTED] shall be [REDACTED] drill.” See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (VII)(D)(1).

<sup>9</sup> “Detainees shall be evacuated during fire drills, except: in areas where security would be jeopardized; in medical areas where patient health could be jeopardized; or in individual cases when evacuation of patients is logistically not feasible.” See PBNDS 2008, Standard, Standard, Environmental Health and Safety, Section (VII)(D)(2).

<sup>10</sup> “Staff shall simulate drills in areas where detainees are not evacuated.” See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (VII)(D)(2).

<sup>11</sup> “[REDACTED].” See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (VII)(D)(3).

<sup>12</sup> “[REDACTED]” See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section, (VII)(D)(3).

<sup>13</sup> “All facilities shall have a method to provide ICE/DRO detainees an orientation to the facility as soon as practicable, in a language or manner that detainees can understand.” See ICE PBNDS 2008, Standard, Admission & Release, Section (V)(F).

facility stopped issuing handbooks during orientation in February 2020 (**Deficiency A&R-74<sup>14</sup>**).

*Corrective Action:* Prior to the completion of the inspection, the facility initiated corrective action by removing the sentence regarding issuing a local handbook from the orientation attendance form and the warden approved the form (**C-1**).

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

ODO reviewed facility photos and found the facility does not secure small valuables in a tamper-proof manner (**Deficiency F&PP-41<sup>15</sup>**).

ODO reviewed facility documentation and found the facility does not maintain a logbook for recording small valuables (**Deficiency F&PP-42<sup>16</sup>**).

ODO reviewed facility documentation and found the facility does not maintain a logbook for recording large valuables stored in the designated storage area (**Deficiency F&PP-46<sup>17</sup>**).

ODO reviewed facility photos and found the facility does not secure detainee personal property in a tamper resistant manner (**Deficiency F&PP-56<sup>18</sup>**).

ODO reviewed facility documentation and found the facility does not maintain a property logbook listing the detainee name, A-number or facility detainee number, I-77 number, security tie-strap number, property description, date issued, and date returned (**Deficiency F&PP-57<sup>19</sup>**).

## **STAFF-DETAINEE COMMUNICATION (SDC)**

ODO reviewed facility documentation and found ERO Philadelphia has not conducted [REDACTED] since August 2020 (**Deficiency SDC-9<sup>20</sup>**).

ODO reviewed facility documentation and found ERO Philadelphia has not tested the facility

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<sup>14</sup> “As part of the admissions process, the detainee shall acknowledge receipt of the Handbook by signing where indicated on the back of the I-385 (or on a separate form).” See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(G)(4).

<sup>15</sup> “The officers shall then place the valuables (and pink copy of G-589) in a clear envelope, which they shall secure by heat-sealing or other approved techniques for tamper-proofing.” See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(G)(2).

<sup>16</sup> “The processing officer shall record the issuance of this G-589 in the G-589 Property Receipt Logbook.” See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(G)(2).

<sup>17</sup> “The processing officer shall record the G-589 issuance in the facility’s G-589 Property Receipt Logbook and secure the item(s) in the designated storage area.” See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(G)(3).

<sup>18</sup> “All detainee luggage and facility containers used for storing detainee personal property shall be secured in a manner that is tamper-resistant (such as by a tamperproof numbered tie strap) and shall only be opened in the presence of the detainee.” See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(I).

<sup>19</sup> “A logbook shall be maintained listing detainee name, A-number or facility detainee number, I-77 number, security tie-strap number, property description, date issued and date returned.” See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(I).

<sup>20</sup> “These unannounced visits shall be conducted at least weekly.” See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(A)(1).

telephones since August 2020 (**Deficiency SDC-36<sup>21</sup>**).

ODO reviewed facility documentation and found ERO Philadelphia has not completed the Model Program forms since August 2020 (**Deficiency SDC-45<sup>22</sup>**).

## **CARE**

### **HUNGER STRIKES (HS)**

ODO found two out of three detainees on hunger strike did not have a urinalysis performed during the initial evaluation (**Deficiency HS-10<sup>23</sup>**).

ODO found two out of three detainee medical records did not have a documented clinical medical authority (CMA) release order from hunger strike treatment (**Deficiency HS-18<sup>24</sup>**).

ODO found the CMA is not the only person that may order a detainee to be released from hunger strike evaluation and management (**Deficiency HS-42<sup>25</sup>**).

ODO found two out of three detainee medical records did not have a documented CMA release order from hunger strike evaluation and management (**Deficiency HS-43<sup>26</sup>**).

### **MEDICAL CARE (MC)**

ODO found [REDACTED] medical staff files did not have a primary source verification of their licensure (**Deficiency MC-73<sup>27</sup>**).

ODO reviewed 12 medical intake screening forms and found none of the forms inquired into a detainee's past medication or surgical procedures (**Deficiency MC-76<sup>28</sup>**).

*Corrective Action:* Prior to the completion of the inspection, the facility revised their electronic medical record intake screening form to show an inquiry into a detainee's past medication and surgical procedures. The HSA implemented the new electronic medical

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<sup>21</sup> "Field Office Directors shall ensure that all phones for detainee use are tested at least weekly." See ICE PBND 2008, Standard, Staff-Detainee Communication, Section (V)(C).

<sup>22</sup> "In accordance with the required frequency of liaison visits described above in the section on Scheduled Contact with Detainees, Model Program forms shall be:

- Completed [REDACTED] for SPCs, CDFs, and regularly used IGSA facilities, and for each visit to intermittently used IGSA facilities." See ICE PBND 2008, Standard, Staff-Detainee Communication, Section (V)(E).

<sup>23</sup> "During the initial evaluation of a detainee on a hunger strike, medical staff shall:

- a. Perform urinalysis." See ICE PBND 2008, Standard, Hunger Strikes, Section (V)(C)(1)(c).

<sup>24</sup> "Only the clinical medical authority may order a detainee's release from hunger strike treatment and shall document that order in the detainee's medical record." See ICE PBND 2008, Standard, Hunger Strikes, Section (V)(C)(7).

<sup>25</sup> "Only the clinical medical authority may order that a detainee be released from hunger strike evaluation and management." See ICE PBND 2008, Standard, Hunger Strikes, Section (V)(F).

<sup>26</sup> "That order shall be documented in the detainee's medical record." See ICE PBND 2008, Standard, Hunger Strikes, Section (V)(F).

<sup>27</sup> "All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements." See ICE PBND 2008, Standard, Medical Care, Section (V)(H).

<sup>28</sup> "The screening shall inquire into the following:

1. Current and past medication;
2. Past surgical procedures." See ICE PBND 2008, Standard, Medical Care, Section (V)(I)(1)(2).

record form and provided a copy to ODO (C-2).

ODO found 1 out of 12 detainees did not receive a physical examination within 14 days of arrival (Deficiency MC-92<sup>29</sup>).

ODO found 1 out of 12 detainees did not receive an initial dental screening within 14 days (Deficiency MC-117<sup>30</sup>).

## **ACTIVITIES**

### **RELIGIOUS PRACTICES (RP)**

ODO reviewed the facility's religious policy and found the policy does not allow detainees to change their religious preference at any time (Deficiency RP-12<sup>31</sup>).

### **TELEPHONE ACCESS (TA)**

ODO reviewed facility documentation and found the facility does not log daily telephone inspections (Deficiency TA-8<sup>32</sup>).

ODO interviewed facility staff and found ICE Headquarters does not provide ERO Philadelphia a current consulate list (Deficiency TA-9<sup>33</sup>).

ODO interviewed facility staff and found ERO Philadelphia does not provide the facility with the current pro bono information (Deficiency TA-10<sup>34</sup>).

ODO reviewed facility documentation and found ERO Philadelphia does not verify serviceability of all telephones at least weekly (Deficiency TA-14<sup>35</sup>).

ODO reviewed facility posters and found the facility does not post an updated consulate list

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<sup>29</sup> "Each facility's health care provider shall conduct a health appraisal including a physical examination on each detainee within 14 days of the detainee's arrival unless more immediate attention is required due to an acute or identifiable chronic condition, in accordance with the most recent ACA Adult Local Detention Facility standards for Health Appraisals." See ICE PBNDS 2008, Standard, Medical Care, Section (V)(J).

<sup>30</sup> "An initial dental screening exam shall be performed within 14 days of the detainee's arrival." See ICE PBNDS 2008, Standard, Medical Care, Section (V)(M).

<sup>31</sup> "A detainee may request to change his or her religious preference designation at any time by notifying the chaplain or other designated individual in writing, and the change shall be effected in a timely fashion." See ICE PBNDS 2008, Standard, Religious Practices, Section (V)(B).

<sup>32</sup> "Designated facility staff shall inspect the telephones daily, promptly report out-of-order telephones to the repair service and ensure that required repairs are completed quickly. This information will be logged." See ICE PBNDS 2008, Standard, Telephone Access, Section (V)(A)(3).

<sup>33</sup> "ICE/DRO Headquarters will maintain and provide Field Offices a list of telephone numbers for current free legal service providers, consulates and OIG, as determined by ICE." See ICE PBNDS 2008, Standard, Telephone Access, Section (V)(A)(3).

<sup>34</sup> "All Field Offices are responsible for ensuring all facilities which house ICE detainees under their jurisdiction, including IGSA's, are provided with updated pro bono information." See ICE PBNDS 2008, Standard, Telephone access, Section (V)(A)(3).

<sup>35</sup> "In accordance with the Detention Standard on Staff-Detainee Communication, designated ICE field office staff members are required to verify the serviceability of all telephones at least weekly." See ICE PBNDS 2008, Standard, Telephone Access, Section (V)(A)(4)(b).

(Deficiency TA-30<sup>36</sup>).

## **JUSTICE**

### **GRIEVANCE SYSTEM (GS)**

ODO reviewed the facility's grievance policy and found detainees cannot bypass or terminate the informal grievance process (**Deficiency GS-25<sup>37</sup>**).

*Corrective Action:* Prior to the completion of the inspection, the facility modified their grievance policy to allow detainees to bypass the informal grievance process and added a bypass checkbox to the informal grievance form. The assistant warden issued a memo to all staff notifying them of the policy and procedural changes and housing unit officers notified detainees of the changes (**C-3**).

ODO reviewed the facility's grievance policy and found the policy allows the facility administrator 10 business days to provide a written decision to an appeal, instead of providing a written decision within five days of receiving the appeal as required (**Deficiency GS-80<sup>38</sup>**).

*Corrective Action:* Prior to the completion of the inspection, the facility modified their grievance policy to allow the facility administrator five days to provide a written decision to an appeal. The assistant warden issued a memo to all staff notifying them of the policy change (**C-4**).

## **CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 17 standards under PBNDS 2008, 2 standards under PBNDS 2011 (Revised 2016), and 1 standard under Federal Performance Based Detention Standards (FPBDS) and found the facility in compliance with 11 of those standards. ODO found 32 deficiencies in the remaining 9 standards. 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.

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<sup>36</sup> "Updated telephone and consulate lists shall be posted in the detainee housing units." See ICE PBNDS 2008, Standard, Telephone Access, Section (V)(C).

<sup>37</sup> "A detainee is free to bypass or terminate the informal grievance process at any point and proceed directly to the formal grievance stage." See ICE PBNDS 2008, Standard, Grievance System, Section (V)(C)(1).

<sup>38</sup> "The facility administrator, or designee, shall provide the detainee a written decision within five days of receiving the appeal." See ICE PBNDS 2008, Standard, Grievance System, Section (V)(D)(2).

<b>Compliance Inspection Results Compared</b>	<b>FY 2020 (PBNS 2008)/ (PBNS 2011)</b>	<b>FY 2021 (PBNS 2008)/ (PBNS 2011)/ (FPBDS)</b>
Standards Reviewed	15/2	17/2/1
Deficient Standards	6	9
Overall Number of Deficiencies	8	32
Repeat Deficiencies	0	0
Areas of Concern	1	0
Corrective Actions	1	4