



**U.S. Department of Homeland Security**  
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**

**Moshannon Valley Processing Center  
Philipsburg, Pennsylvania**

**April 26-28, 2022**

**COMPLIANCE INSPECTION**  
**of the**  
**MOSHANNON VALLEY PROCESSING CENTER**  
Philipsburg, Pennsylvania

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## COMPLIANCE INSPECTION TEAM MEMBERS



Acting Team Lead	ODO
Inspections and Compliance Specialist	ODO
Senior Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections
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 Moshannon Valley Processing Center (MVPC) in Philipsburg, Pennsylvania, from April 26 to 28, 2022.<sup>1</sup> The facility opened in 2021 and is owned and operated by The GEO Group, Inc. (GEO). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at MVPC in 2021 under the oversight of ERO's Field Office Director in Philadelphia (ERO Philadelphia). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned deportation officers to the facility. A facility administrator oversees daily facility operations and manages [REDACTED] support personnel. GEO provides food services and medical care, and Keefe Commissary provides commissary services at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of April 25, 2022)	[REDACTED]
Adult Female Population (as of April 25, 2022)	[REDACTED]

This was ODO's first compliance inspection of MVPC.

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<sup>1</sup> This facility holds male and female detainees with security classification levels for periods greater than 72 hours.

<sup>2</sup> Data Source: ERO Facility List as of April 25, 2022.

<sup>3</sup> *Ibid.*

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10 and where detainees are housed for over 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>4</sup>

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures, as “deficiencies.” ODO highlights instances when 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 its decision-making to better allocate resources across the agency’s entire detention inventory.

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<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES

PBNDS 2011 (Revised 2016) Standards Inspected <sup>5,6</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Emergency Plans	0
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 - Security</b>	
Admission and Release	1
Custody Classification System	0
Funds and Personal Property	4
Post Orders	0
Searches of Detainees	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>5</b>
<b>Part 4 - Care</b>	
Food Service	0
Hunger Strikes	0
Medical Care	0
Medical Care (Women)	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	1
<b>Sub-Total</b>	<b>1</b>
<b>Part 5 - Activities</b>	
Correspondence and Other Mail	0
Trips for Non-Medical Emergencies	0
Marriage Requests	0
Voluntary Work Program	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 - Justice</b>	
Legal Rights Group Presentations	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 7 - Administration and Management</b>	
Detention Files	0

<sup>5</sup> For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

<sup>6</sup> Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

Interviews and Tours	0
Detainee Transfers	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>6</b>

## DETAINEE RELATIONS

ODO interviewed 15 detainees, who each voluntarily agreed to participate. ODO attempted to interview additional detainees; however, no additional detainees volunteered to be interviewed. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services.

## COMPLIANCE INSPECTION FINDINGS

### SECURITY

#### ADMISSION AND RELEASE (AR)

ODO interviewed the classification manager and found the facility staff does not conduct a question-and-answer session after detainees view the orientation video (**Deficiency AR-68**<sup>7</sup>).

#### FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed █ detainee files and found in █ out of █ files, a Property Receipt form, G-589, documenting the detainee's possession of foreign currency but the G-589 did not detail the type of foreign currency (**Deficiency FPP-56**<sup>8</sup>).

ODO reviewed █ detainee files and found in █ out of █ files, two processing officers did not sign the G-589s (**Deficiency FPP-65**<sup>9</sup>).

ODO reviewed █ detainee files and interviewed a facility captain and found the processing officers did not include a brief description of the property container on █ out of █ Baggage Check forms (Form I-77) (**Deficiency FPP-96**<sup>10</sup>).

ODO reviewed the quarterly inventory audit conducted in February 2022 and found the inventory audit sheets did not include the time when the staff conducted the inventory (**Deficiency FPP-**

<sup>7</sup> "Following the orientation, staff shall conduct a question-and-answer session." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(F).

<sup>8</sup> "The G-589 shall include: ...

f. In the "Description" column: ...

4) For foreign currency, the currency amount followed by the type (e.g., 140 Japanese Yen, 300 Euros, 4,000 Mexican Pesos)."

See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(G)(1)(f)(4).

<sup>9</sup> "The detainee and two processing officers shall sign the G-589 or equivalent with copies distributed as noted above in this standard." See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(G)(2).

<sup>10</sup> "The bottom part shall be given to the detainee and the reverse side shall also contain a brief description of the property container." See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(I)(5).

124<sup>11</sup>).

## **CARE**

### **SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHSPI)**

ODO reviewed the security suicide watch logs for three detainees the facility placed on suicide watch during the inspection period and found facility staff did not document continuous monitoring at most every 15 minutes or more frequently if the situation required. Specifically, ODO found 28 instances on the security watch logs in which staff documented continuous monitoring between 16 and 27 minutes (**Deficiency SSHSPI-34<sup>12</sup>**).

## **CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 24 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 21 of those standards. ODO found six deficiencies in the remaining three standards. ODO commends facility staff members for their responsiveness during this inspection. ODO recommends ERO Philadelphia work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2022 (PBNDS 2011) (Revised 2016)</b>
Standards Reviewed	24
Deficient Standards	3
Overall Number of Deficiencies	6
Repeat Deficiencies	N/A
Areas Of Concern	0
Corrective Actions	0
Facility Rating	Superior

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<sup>11</sup> "The facility's inventory audit shall indicate the inventory's date and time, and the name of the officer(s) conducting the inventory." *See* ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(J).

<sup>12</sup> "The qualified mental health professional may place the detainee in a special isolation room designed for evaluation and treatment with continuous monitoring that must be documented every 15 minutes or more frequently if necessary." *See* ICE PBNDS 2011, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).