



**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**

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

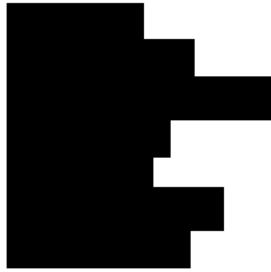
**January 25-27, 2022**

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

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## COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Inspections and Compliance Specialist	ODO
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 Pike County Correctional Center (PCCF) in Lords Valley, Pennsylvania, from January 25 to 27, 2022.<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) 2011 (Revised 2016).<sup>2</sup>

ERO has assigned deportation officers to the facility. A warden handles daily facility operations and manages █ support personnel. Pike County provides food services, PrimeCare Medical 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 Bed Capacity <sup>3</sup>	█
Average ICE Population <sup>4</sup>	█
Adult Male Population (as of January 25, 2022)	█
Adult Female Population (as of January 25, 2022)	█

During its last inspection, in Fiscal Year (FY) 2021, ODO found 32 deficiencies in the following areas: Environmental Health and Safety (6); Admission and Release (2); Funds and Personal Property (5); Staff-Detainee Communication (3); Hunger Strikes (4); Medical Care (4); Religious Practices (1); Telephone Access (5); and Grievance System (2).

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

<sup>2</sup> The facility signed a contract modification on November 1, 2021, which changed their contractually obligated ICE National Detention Standards from PBNDS 2008 to PBNDS 2011 (Revised 2016).

<sup>3</sup> Data Source: ERO Facility List as of January 3, 2022.

<sup>4</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>5</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>5</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

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

PBNDS 2011 (Revised 2016) Standards Inspected <sup>6,7</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Emergency Plans	0
Environmental Health and Safety	5
<b>Sub-Total</b>	<b>5</b>
<b>Part 2 - Security</b>	
Admission and Release	1
Custody Classification System	0
Funds and Personal Property	0
Post Orders	2
Searches of Detainees	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	3
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>6</b>
<b>Part 4 - Care</b>	
Food Service	1
Hunger Strikes	0
Medical Care	8
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	2
<b>Sub-Total</b>	<b>11</b>
<b>Part 5 - Activities</b>	
Correspondence and Other Mail	2
Marriage Requests	0
Trips for Non-Medical Emergencies	0
Voluntary Work Program	0
<b>Sub-Total</b>	<b>2</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>	

<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 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 inspections.

Detainee Transfers	2
Detention Files	0
Interviews and Tours	0
<b>Sub-Total</b>	<b>2</b>
<b>Total Deficiencies</b>	<b>26</b>

## DETAINEE RELATIONS

ODO interviewed 16 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.

*Medical Care:* One detainee stated he previously received treatment for seizures and arrived at the facility with prescribed medication for his condition. The detainee stated the facility did not continue his treatment nor provide him with his medication on time.

- Action Taken: ODO interviewed the corporate regional licensed practical nurse (CRLPN), reviewed the detainee’s medical record, and found the detainee arrived at the facility on December 17, 2021, with a transfer medical summary containing a list of four medications, including two for seizures: Dilantin and phenobarbital. Upon a facility physician’s approval, the detainee received three of his medications, including Dilantin, on December 18, 2021. However, the detainee did not receive phenobarbital until December 21, 2021. The CRLPN confirmed the detainee has received all prescribed medications since December 21, 2021. ODO cited this as a deficiency in the *Medical Care* section of the report.

*Medical Care:* One detainee stated he had a sore throat for 2 months and has not received treatment.

- Action Taken: ODO interviewed the CRLPN, reviewed the detainee’s medical record, and found the detainee submitted sick call requests for his sore throat on December 18, 2021, and December 24, 2021; however, facility medical staff did not treat him on either occasion. On January 26, 2022, a registered nurse (RN) evaluated the detainee and noted chronic postnasal drainage. The RN prescribed an antibiotic and scheduled the detainee for a follow-up the next day. A physician assistant (PA) evaluated the detainee on January 27, 2022, and noted the detainee experienced some relief and advised the detainee to go to sick call and request a follow-up visit after finishing his antibiotic. ODO cited this as a deficiency in the *Medical Care* section of the report.

# COMPLIANCE INSPECTION FINDINGS

## SAFETY

### ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the warehouse supervisor, reviewed inventory records for hazardous substances, and found the facility did not inventory each substance separately (**Deficiency EHS-40<sup>8</sup>**).

ODO interviewed the warehouse supervisor, reviewed inventory records for hazardous substances, and found the facility did not file each inventory record sheet alphabetically by substance (**Deficiency EHS-41<sup>9</sup>**).

ODO interviewed the warehouse supervisor, reviewed inventory records for hazardous substances, and found the records did not contain current substances, dates of issue, nor substance purchase dates (**Deficiency EHS-42<sup>10</sup>**).

ODO interviewed the safety lieutenant, reviewed eight fire drill reports, and found in all eight drills, the facility did not document the times of each fire drill (**Deficiency EHS-111<sup>11</sup>**).

ODO interviewed the safety lieutenant, reviewed eight fire drill reports, and found in all eight drills, the facility neither drew nor used emergency keys to unlock emergency exit doors (**Deficiency EHS-112<sup>12</sup>**).

## SECURITY

### ADMISSION AND RELEASE (AR)

ODO reviewed the facility's admission orientation video and found the video did not include information on how detainees could access "Know Your Rights" presentations (**Deficiency AR-66<sup>13</sup>**).

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<sup>8</sup> "Inventory records shall be maintained separately for each substance." *See* ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(B)(3).

<sup>9</sup> "Entries for each shall be logged on a separate card (or equivalent) and filed alphabetically by substance." *See* ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(B)(3).

<sup>10</sup> "The entries shall contain relevant data, including purchase dates and quantities, use dates and quantities and quantities on hand." *See* ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(B)(3).

<sup>11</sup> "Emergency-key drills shall be included in each fire drill, and timed." *See* ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(C)(4)(c).

<sup>12</sup> "Emergency keys shall be drawn and used by the appropriate staff to unlock one set of emergency exit doors not in daily use." *See* ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(C)(4)(c).

<sup>13</sup> "The orientation shall include the following information: ...

1. And how to pursue such services in the facility, including accessing "Know Your Rights" presentations;" *See* ICE PBNDS 2011 (Revised 2016), Standard, Admission & Release, Section (V)(F)(5).



## POST ORDERS (PO)

ODO reviewed [REDACTED] POs and found all [REDACTED] POs did not contain a classification folder including ICE/ERO detention standards and policies relevant to the post (**Deficiency PO-18**<sup>14</sup>).

ODO reviewed eight housing area logs and found shift supervisors neither visited nor initialed the logs on each shift. Specifically, a shift supervisor did not initial one log for 4 days (**Deficiency PO-21**<sup>15</sup>).

## SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed [REDACTED] detainee detention files, interviewed PCCF staff, and found in all [REDACTED] files, administrative segregation reviews did not include an interview with the detainee (**Deficiency SMU-45**<sup>16</sup>).

ODO reviewed the facility's segregation review policy and found the facility's policy did not require interviews with the detainee for administrative segregation reviews (**Deficiency SMU-49**<sup>17</sup>).

ODO reviewed the three SMU logs for detainees housed in the SMU during ODO's review period and found in all three logs, the facility did not record the detainee's non-citizen number, housing location, admission date, nor the authorizing official (**Deficiency SMU-93**<sup>18</sup>).

## CARE

### FOOD SERVICE (FS)

ODO interviewed the food service director, examined the contents of sack meals, and found sack meals did not include one piece of fresh or canned fruit (**Deficiency FS-287**<sup>19</sup>).

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<sup>14</sup> "The post orders for each post shall be issued in a six-part classification folder and organized as follows: ...

Section 5: ICE/ERO detention standards and policies and facility practices relevant to the post;"

See ICE PBNDS 2011 (Revised 2016), Standard, Post Orders, Section (V)(D).

<sup>15</sup> "The shift supervisor shall visit each housing area and initial the log on each shift." See ICE PBNDS 2011 (Revised 2016), Standard, Post Orders, Section (V)(E).

<sup>16</sup> "The review shall include an interview with the detainee." See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(A)(3)(a)(1).

<sup>17</sup> "The review shall include an interview with the detainee, and a written record shall be made of the decision and its justification." See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(A)(3)(c).

<sup>18</sup> "The SMU log shall record the detainee's name, A-number, housing location, date admitted, reasons for admission, status review dates, tentative release date (for detainees in disciplinary segregation), the authorizing official, and date released." See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(D)(1).

<sup>19</sup> "In addition, each sack shall include:

1. One piece of fresh fruit, or properly packaged canned fruit (or paper cup with lid), complete with a plastic spoon;"

See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(I)(6)(c)(1).

## MEDICAL CARE (MC)

ODO reviewed █ detainee sick call requests and found in █ out of █ requests, facility medical staff did not provide timely responses to detainee medical complaints. Specifically, one detainee placed sick call requests on December 18, 2021, and December 24, 2021, but was not seen by facility medical staff until January 26, 2022 (**Deficiency MC-7<sup>20</sup>**).

ODO reviewed █ detainee medication administration records (MAR) and found in █ out of █ records, facility medical staff documented the administration of a medication without a clinical indication for the administered medication (**Deficiency MC-90<sup>21</sup>**).

ODO reviewed █ detainee MARs and found in █ out of █ records, the facility did not distribute medications in a timely manner and in accordance with licensed provider orders and facility policy. Specifically, the facility did not distribute previously prescribed medications to three detainees until 4 days after their arrival at the facility (**Deficiency MC-99<sup>22</sup>**).

ODO reviewed █ detainee medical files and found in █ out of █ records, the facility did not conduct a comprehensive health assessment within 14 days of arrival. Specifically, the facility completed the █ health assessments between 16 and 27 days after the detainees' arrival at the facility (**Deficiency MC-137<sup>23</sup>**).

ODO reviewed █ detainee medical files and found in █ out of █ records, the facility did not perform initial dental screenings within 14 days of arrival. Specifically, the facility completed the █ dental screenings between 16 and 27 days after the detainees' arrival at the facility (**Deficiency MC-176<sup>24</sup>**).

ODO reviewed █ detainee sick call requests and found in █ out of █ requests, the facility did not triage the sick call requests within 24 hours. Specifically, one detainee placed sick call requests on December 18, 2021, and December 24, 2021; however, ODO found the facility did not treat the detainee's concerns. ODO informed facility medical staff of the concern and on January 26, 2022,

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<sup>20</sup> "Every facility shall directly or contractually provide its detainee population with the following: ...

6. Timely responses to medical complaints."

See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(A)(6).

<sup>21</sup> "Each detention facility shall have and comply with written policy and procedures for the management of pharmaceuticals, to include: ...

3. Prescription practices, including requirements that medications are prescribed only when clinically indicated, and that prescriptions are reviewed before being renewed."

See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(G)(3).

<sup>22</sup> "Each detention facility shall have and comply with written policy and procedures for the management of pharmaceuticals, to include: ...

12. Documentation of accountability for administering or distributing medications in a timely manner, and according to licensed provider orders.

See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(G)(12).

<sup>23</sup> "Each facility's health care provider shall conduct a comprehensive health assessment, including a physical examination and mental health screening, 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." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(M).

<sup>24</sup> "An initial dental screening shall be performed within 14 days of the detainee's arrival." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(R).

a medical provider examined the detainee for his sick call requests (**Deficiency MC-182**<sup>25</sup>).

ODO reviewed █ detainee MARs and found in █ out of █ records, the facility did not provide detainees with prescribed medications on schedule without interruption. Specifically, █ detainees did not receive previously prescribed medications until 4 days after they had arrived at the facility (**Deficiency MC-209**<sup>26</sup>).

ODO reviewed █ detainee MARs and found in █ out of █ records, the facility did not evaluate medications provided to detainees who arrived with prescribed medications. Specifically, █ detainees did not receive previously prescribed medications until 4 days after they had arrived at the facility (**Deficiency MC-210**<sup>27</sup>).

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

ODO reviewed █ detainee suicide watch records and found in █ out of █ records, qualified health providers did not conduct welfare checks every 8 hours for detainees placed on continuous monitoring. Specifically, welfare checks were conducted every 24 hours (**Deficiency SSHSPI-35**<sup>28</sup>).

ODO reviewed █ detainee suicide watch records and found in █ out of █ records, qualified health providers did not conduct welfare checks every 8 hours for detainees placed on close observation. Specifically, welfare checks were conducted every 24 hours (**Deficiency SSHSPI-43**<sup>29</sup>).

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<sup>25</sup> “Each facility shall have a sick call procedure that allows detainees the unrestricted opportunity to freely request health care services (including mental health and dental services) provided by a physician or other qualified medical staff in a clinical setting. This procedure shall include: ...

4. An established procedure shall be in place at all facilities to ensure that all sick call requests are received and triaged by appropriate medical personnel within 24 hours after a detainee submits the request.”

See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(S)(4).

<sup>26</sup> “All prescribed medications and medically necessary treatments shall be provided to detainees on schedule and without interruption, absent exigent circumstances.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(U)(4).

<sup>27</sup> “Detainees who arrive at a detention facility with prescribed medications or who report being on such medications, shall be evaluated by a qualified health care professional as soon as possible, but not later than 24 hours after arrival, and provisions shall be made to secure medically necessary medications.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(U)(5).

<sup>28</sup> “All suicidal detainees placed in an isolated confinement setting will receive continuous one-to-one monitoring, welfare checks at least every 8 hours conducted by clinical staff, and daily mental health treatment by a qualified clinician.” See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (V)(F).

<sup>29</sup> “Detainees on suicide precautions who have not been placed in an isolated confinement setting by the qualified mental health professional will receive documented close observation at staggered intervals not to exceed 15 minutes (e.g. 5, 10, 7 minutes), checks at least every 8 hours by clinical staff, and daily mental health treatment by a qualified clinician.” See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

## ACTIVITIES

### **CORRESPONDENCE AND OTHER MAIL (COM)**

ODO reviewed the facility's supplemental detainee handbook and found the handbook did not notify detainees that identity documents in a detainee's possession are contraband and ICE/ERO may use these documents as evidence against the detainee or for other purposes authorized by law (**Deficiency COM-22**<sup>30</sup>).

ODO reviewed the facility's COM policy and found the policy did not define detainee's written communications as special correspondence for: The Department of Homeland Security; ICE Health Services Corps; DHS Office for Civil Rights and Civil Liberties; nor the DHS Office of the Inspector General (**Deficiency COM-53**<sup>31</sup>).

ODO reviewed the facility's COM policy and found the policy stated special correspondence and legal mail may be opened by the facility without the detainee being present via written waiver or in circumstances which may indicate contamination or the suspicion of contraband. ODO cites the discrepancy in policy as an **Area of Concern**.

## ADMINISTRATION AND MANAGEMENT

### **DETAINEE TRANSFERS (DT)**

ODO reviewed ■ detainee detention files, interviewed intake staff, and found in all files, the facility did not document the offer for detainees to make a domestic, 3-minute phone call at no cost to the detainee (**Deficiency DT-70**<sup>32</sup>).

Because intake staff did not document the offer for detainees to make a domestic, 3-minute phone call at no cost to the detainee, the facility did not document offered calls in the detainee detention files (**Deficiency DT-71**<sup>33</sup>).

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<sup>30</sup> "The facility shall notify detainees of its rules on correspondence and other mail through the detainee handbook, or supplement, provided to each detainee upon admittance. At a minimum, the notification shall specify: ...

1. That identity documents, such as passports, birth certificates, etc., in a detainee's possession are contraband and may be used by ICE/ERO as evidence against the detainee or for other purposes authorized by law."

*See ICE PBNDS 2011 (Revised 2016), Standard, Correspondence and Other Mail, Section (V)(C)(8).*

<sup>31</sup> "Special correspondence" or "legal mail" shall be defined as the term for detainees' written communications to or from any of the following: ...

h. The Department of Homeland Security (including U.S. Immigration and Customs Enforcement, ICE Health Services Corps, the Office of Enforcement and Removal Operations, the DHS Office for Civil Rights and Civil Liberties, and the DHS Office of the Inspector General)."

*See ICE PBNDS 2011 (Revised 2016), Standard, Correspondence and Other Mail, Section (V)(F)(2)(h).*

<sup>32</sup> "The offer to make a domestic call, as referenced above, will be documented and signed by processing staff and by the detainee." *See ICE PBNDS 2011 (Revised 2016), Standard, Detainee Transfers, Section (V)(F)(2).*

<sup>33</sup> "A copy of the documentation verifying that a detainee was offered a three-minute phone call will be filed in the detainee's detention folder." *See ICE PBNDS 2011 (Revised 2016), Standard, Detainee Transfers, Section (V)(F)(2).*

## CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 23 standards under PBNS 2011 (Revised 2016) and found the facility in compliance with 14 of those standards. ODO found 26 deficiencies in the remaining 9 standards. ODO commends facility staff members for their responsiveness during this inspection. ODO recommends ERO Philadelphia work with PCCF to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ERO provided ODO with the uniform corrective action plan for ODO’s last inspection of PCCF on November 22, 2021.

<b>Compliance Inspection Results Compared</b>	<b>FY 2021 (PBNS 2008)/ (PBNS 2011)/ (FPBDS)</b>	<b>FY 2022 PBNS 2011 (Revised 2016)</b>
Standards Reviewed	18/1/1	23
Deficient Standards	9	9
Overall Number of Deficiencies	32	26
Repeat Deficiencies	0	0
Areas Of Concern	0	1
Corrective Actions	4	0
Facility Rating	N/A	Good