



U.S. Department of Homeland Security
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Office of Professional Responsibility
ICE Inspections
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**Office of Detention Oversight
Compliance Inspection**

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

**Clinton County Correctional Facility
McElhattan, Pennsylvania**

January 10-12, 2023

COMPLIANCE INSPECTION
of the
CLINTON COUNTY CORRECTIONAL FACILITY
McElhattan, Pennsylvania

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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 McElhattan, Pennsylvania, from January 10 to 12, 2023.¹ The facility opened in 1990 and is owned by Clinton County and operated by the Clinton County Prison Board. 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 in Philadelphia (ERO Philadelphia). ICE is an authorized user of this facility under a United States Marshals Service intergovernmental agreement contract, which does not specify an ICE National Detention Standard (NDS), and ODO inspected to the NDS listed on the ERO Facility List as of January 9, 2023. CCCF was inspected against the NDS 2000, and ODO’s assigned rating is for ERO’s informational purposes only.

ERO has no staff assigned to the facility. A CCCF warden handles daily facility operations and manages █ support personnel. Aramark provides food services, PrimeCare Medical provides medical care, and Oasis Management Systems provides commissary services at the facility. The facility does not hold any accreditations from any outside entities. In March 2020, 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 Bed Capacity ²	█
Average ICE Population ³	█
Adult Male Population (as of January 10, 2023)	█
Adult Female Population (as of January 10, 2023)	█

During its last inspection, in Fiscal Year (FY) 2022, ODO found 13 deficiencies in the following areas: Admission and Release (2); Correspondence and Other Mail (1); Environmental Health and Safety (2); Food Service (4); Issuance and Exchange of Clothing, Bedding and Towels (1); Medical Care (2); and Use of Force (1).

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

² Data Source: ERO Facility List as of December 27, 2022.

³ *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 well-being.⁴

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 their decision-making to better allocate resources across the agency’s entire detention inventory.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected ^{5,6}	Deficiencies
Part 1 - Detainee Services	
Admission and Release	1
Correspondence and Other Mail	0
Detainee Classification System	0
Detainee Handbook	0
Food Service	0
Funds and Personal Property	0
Recreation	2
Visitation	0
Sub-Total	3
Part 2 - Security and Control	
Contraband	0
Disciplinary Policy	1
Emergency Plans	0
Environmental Health and Safety	0
Hold Rooms in Detention Facilities	0
Key and Lock Control (Security, Accountability, and Maintenance)	0
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Tool Control	2
Transportation (Land Transportation)	0
Use of Force	1
Sub-Total	4
Part 3 - Health Services	
Medical Care	3
Suicide Prevention and Intervention	1
Terminal Illness, Advance Directives and Death	0
Sub-Total	4
Other Standards Reviewed	
NDS 2019 Sexual Abuse and Assault Prevention and Intervention	0
NDS 2019 Disability Identification, Assessment, and Accommodation	0
Sub-Total	0
Total Deficiencies	11

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

⁶ 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.

DETAINEE RELATIONS

ODO interviewed 27 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.

Correspondence and Other Mail: One detainee stated facility staff did not provide him with a copy of a document sent by his family, which he needed for his court case.

- Action Taken: ODO interviewed a facility lieutenant, reviewed the detainee's detention file, and found no record of the detainee's request for a copy of a document. The facility handles special correspondence for on-site delivery but contracts an off-site, third-party company to receive, inspect, and upload the content of all non-legal correspondence into the detainee tablet system for distribution to detainees. The lieutenant stated the facility received and handled the detainee's document in accordance with the general correspondence protocol instead of special correspondence protocol because the correspondence was addressed to the general correspondence mailbox and not the special correspondence mailbox. The facility lists both addresses in their facility specific handbook. Nevertheless, the lieutenant stated the facility staff provides detainees with copies of general correspondence as needed for legal matters upon request. On January 12, 2023, ODO spoke with the detainee and confirmed the facility already provided him with a copy of the document. Additionally, ODO confirmed the detainee now knows the procedure to request copies and understands facility procedures for receiving legal and non-legal correspondence.

Food Service: Nine detainees stated their concerns about small portions and undercooked food.

- Action Taken: ODO interviewed the facility regional director of food services, observed two lunch service productions, and reviewed the 35-day cycle menus with the corresponding nutritional analysis and adequacy statement, dated December 22, 2022. ODO verified a registered dietician approved the cycle menus and the facility served food portions consistent with the posted menu. Additionally, ODO checked food temperatures during both meal services and found the food was cooked within the appropriate temperature range.

Medical Care: One detainee stated the facility provided him no medication for his kidney pain.

- Action Taken: ODO interviewed the facility health services administrator (HSA), reviewed the detainee's medical file, and found the detainee did not report any pain or kidney problems during his initial screening on September 2, 2022. The detainee received a comprehensive evaluation on September 7, 2022, with no report of pain or kidney problems, nor did he submit any sick call requests before the ODO interview. After the interview on January 10, 2022, medical staff met with the detainee, collected a urine sample, and found no abnormalities in the urinalysis results, except for the detainee's need to drink more water. Additionally, the detainee verbally acknowledged

he did not have any pain at that time. On January 12, 2022, medical staff performed a second urinalysis, found no abnormalities in the results, and ensured the detainee knew how to submit a sick call request if his pain resumed.

Recreation: One detainee stated the facility did not place his housing unit on the recreation schedule nor provide him with 1 hour of daily recreation.

- Action Taken: ODO interviewed a facility captain, reviewed the facility’s recreation schedule, and found, the facility began housing detainees in housing unit C on December 1, 2022, but did not include the unit on the recreation schedule. The housing unit staff stated they occasionally offered the detainees recreation within the 1-hour time slot allotted for count and lunch, but the staff did not maintain an updated recreation log to document the time and duration of recreation for detainees in unit C. ODO cited this as a deficiency under the *Recreation* section of this report.

Religious Practices: One detainee stated the facility did not respond to his request for a Muslim prayer schedule.

- Action Taken: ODO interviewed the facility deputy warden, reviewed the detainee’s request log, and found the detainee submitted 14 requests since his arrival to the facility on October 21, 2022, none of which involved religious requests. On January 12, 2023, the facility staff provided the detainee with a Muslim prayer schedule.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ADMISSION AND RELEASE (AR)

ODO reviewed [REDACTED] detainee detention files and found [REDACTED] out of [REDACTED] Orders to Detain or Release (Form I-203 or I-203a) did not have appropriate official signatures on the orders for the newly arriving detainees (**Deficiency AR-34**⁷).

RECREATION (R)

ODO interviewed a facility captain, reviewed the recreation schedule, and found the facility did not provide each detainee access to recreation for at least 1 hour per day, 5 days per week, weather permitting. Specifically, the facility did not place detainees in housing unit C on the recreation schedule nor keep a log of times the facility offered detainees recreation from December 15, 2022, to January 11, 2023 (**Deficiency R-3**⁸). **This is a priority component.**

⁷ “An order to detain or release (Form I-203 or I-203a) bearing the appropriate official signature shall accompany the newly arriving detainee.” See ICE NDS 2000, Standard, Admission and Release, Section (III)(H).

⁸ “If outdoor recreation is available at the facility, each detainee shall have access for at least one hour daily, at a

ODO reviewed the facility recreation program and found detainees participating in outdoor recreation did not have access to drinking water and toilet facilities. Specifically, the facility permitted detainees to bring one cup of liquid to outside recreation but did not allow for them to return to outside recreation if they had to use the housing unit restroom (**Deficiency R-46⁹**).

SECURITY AND CONTROL

DISCIPLINARY POLICY (DP)

ODO reviewed the facility's DP, interviewed the facility deputy warden and ERO Philadelphia assistant field office director, and found no record of ERO Philadelphia's approval for the facility incident-report form (**Deficiency DP-13¹⁰**).

TOOL CONTROL (TC)

ODO reviewed the facility's written TC policy and found the facility did not establish written procedures for marking tools to make them readily identifiable (**Deficiency TC-26¹¹**).

ODO reviewed the facility's TC process and found the tool-storage system did not consistently ensure accountability. Specifically, ODO observed one instance in which facility staff did not sign the inventory log from kitchen tool storage, when issuing a replacement knife (**Deficiency TC-31¹²**).

USE OF FORCE (UOF)

ODO reviewed the video recording of the one calculated-use-of-force incident during the reporting period and found the recording did not contain a debriefing, including a full discussion, analysis, and assessment of the incident (**Deficiency UOF-20¹³**).

reasonable time of day, five days a week, weather permitting." See ICE NDS 2000, Standard, Recreation, Section (III)(B)(1).

⁹ "All detainees participating in outdoor recreation shall have access to drinking water and toilet facilities." See ICE NDS 2000, Standard, Recreation, Section (III)(G)(4).

¹⁰ "INS approval is required for the incident-report forms used in CDFs and IGSA facilities." See ICE NDS 2000, Standard, Disciplinary Policy, Section (III)(B).

¹¹ "The OIC will establish written procedures for marking tools, making them readily identifiable." See ICE NDS 2000, Standard, Tool Control, Section (III)(D).

¹² "The tool-storage system will ensure accountability." See ICE NDS 2000, Standard, Tool Control, Section (III)(E).

¹³ "Does the calculated-use-of-force videotape contain: ...

6. Debriefing, including full discussion/analysis/assessment of incident."

See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4)(g)(6).

HEALTH SERVICES

MEDICAL CARE (MC)

ODO reviewed █ detainee medical records and found in █ out of █ records, no health appraisal and physical examination completed for each detainee within 14 days of their arrival. Specifically, the facility medical staff conducted 3 health appraisals and physical examinations 1, 4, and 7 days late, respectively; 1 health appraisal and physical examination was 12 days late before the facility obtained a detainee refusal; and 1 health appraisal and physical examination was 25 days late and never conducted prior to the detainee departing the facility (**Deficiency MC-23¹⁴**). **This is a priority component.**

ODO reviewed the records for █ detainees who arrived at the facility during the review period and the facility should have completed a tuberculosis (TB) screening for. ODO found in █ out of █ detainees did not have a documented TB screening by purified protein derivative (PPD) (Mantoux Method) or chest X-ray upon the detainee's arrival. Specifically, the facility screened the detainee 4 months after his arrival by PPD (**Deficiency MC-24¹⁵**). **This is a priority component.**

ODO reviewed █ detainee medical records and found in █ out of █ records, no initial dental screening exam of the detainees within 14 days of their arrival. Specifically, the facility dentist performed one dental screening exam 1 day late, and 1 detainee never received a dental screening before leaving the facility 25 days after arriving at the facility (**Deficiency MC-50¹⁶**). **This is a repeat deficiency.**

ODO interviewed the HSA, toured the facility, and reviewed the ERO COVID-19 Pandemic Response Requirements (PRR), Version 10.0, dated November 1, 2022. ODO found the facility conducted operations in accordance with the "Green" COVID-19 operational status instead of conducting operations in "Red" status as per the Centers for Disease Control and Prevention community COVID-19 levels. Consequently, the facility did not place newly arriving detainees on quarantine status for 10 days and implement physical distancing strategies, nor require the wearing of masks indoors for all persons in the facility. NDS 2000 does not include the requirement to comply with practices implemented by federal, state, or local authorities, but ODO found facility procedures contradicted ERO COVID-19 PRR mandatory requirements. ODO identified this as an **Area of Concern**.

¹⁴ "The health care provider of each facility will conduct a health appraisal and physical examination on each detainee within 14 days of arrival at the facility. If there is documented evidence of a health appraisal within the previous 90 days, the facility health care provider may determine that a new appraisal is not required." See ICE NDS 2000, Standard, Medical Care, Section (III)(D).

¹⁵ "All new arrivals shall receive TB screening by PPD (Mantoux Method) or chest x-ray." See ICE NDS 2000, Standard, Medical Care, Section (III)(D).

¹⁶ "An initial dental screening exam should be performed within 14 days of the detainee's arrival." See ICE NDS 2000, Standard, Medical Care, Section (III)(E).

SUICIDE PREVENTION AND INTERVENTION (SPI)

ODO reviewed the medical records and suicide watch logs of 3 detainees placed on continuous monitoring and found the facility staff did not observe imminently suicidal detainees no less than every 15 minutes. Specifically, ODO found 26 instances on the suicide watch logs in which staff documented continuous monitoring between 28- and 90-minute intervals (**Deficiency SPI-17**¹⁷).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 24 standards under NDS 2000 and found the facility in compliance with 17 of those standards. ODO found 11 deficiencies in the remaining 7 standards. Since CCCF's last full inspection in January 2022, the facility's overall compliance with the ICE NDS 2000 has trended down. CCCF went from 4 deficient standards and 6 deficiencies in January 2022 to 7 deficient standards and 11 deficiencies during this most recent full inspection, which includes a repeat deficiency for not completing detainee dental exams within 14 days of the detainee's arrival. ODO did not review the Recreation, Disciplinary Policy, nor Tool Control standards during the January 2022 inspection as they were not FY 2022 core standards, and these standards accounted for 5 out of 11 deficiencies found during this most recent inspection. ODO has not received a completed uniform corrective action plan for neither the full inspection in January 2022 nor the follow-up inspection in July 2022, which likely contributed to the repeat deficiency identified in the Medical Care standard. ODO recommends ERO Philadelphia work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2022 Follow-up Inspection (NDS 2000)	FY 2023 Full Inspection (NDS 2000/NDS 2019)
Standards Reviewed	19	24
Deficient Standards	7	7
Overall Number of Deficiencies	13	11
Priority Component Deficiencies	0	3
Repeat Deficiencies	2	1
Areas Of Concern	2	1
Corrective Actions	0	0
Facility Rating	N/A	Good

¹⁷ "Observation of imminently suicidal detainees by medical or detention staff shall occur no less than every 15 minutes. The CD may recommend constant direct supervision." See ICE NDS 2000, Standard, Suicide Prevention and Intervention, Section (III)(C).