



**U.S. Department of Homeland Security**  
U.S. Immigration and Customs Enforcement  
Office of Professional Responsibility  
ICE Inspections  
Washington, DC 20536-5501

---

**Office of Detention Oversight  
Compliance Inspection  
2024-001-284**

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

**Clinton County Correctional Facility  
McElhatten, Pennsylvania**

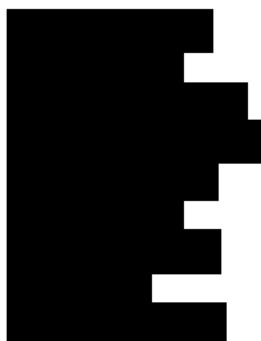
**January 23-25, 2024**

**COMPLIANCE INSPECTION  
of the  
CLINTON COUNTY CORRECTIONAL FACILITY  
McElhatten, Pennsylvania**

**TABLE OF CONTENTS**

<b>FACILITY OVERVIEW .....</b>	<b>4</b>
<b>COMPLIANCE INSPECTION PROCESS .....</b>	<b>5</b>
<b>FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES .....</b>	<b>6</b>
<b>DETAINEE RELATIONS .....</b>	<b>7</b>
<b>COMPLIANCE INSPECTION FINDINGS .....</b>	<b>8</b>
<b>SECURITY .....</b>	<b>8</b>
<b>CUSTODY CLASSIFICATION SYSTEM .....</b>	<b>8</b>
<b>POST ORDERS .....</b>	<b>8</b>
<b>SEARCHES OF DETAINEES .....</b>	<b>9</b>
<b>SEXUAL ABUSE AND ASSAULT PREVENTION     AND INTERVENTION .....</b>	<b>9</b>
<b>CARE .....</b>	<b>9</b>
<b>MEDICAL CARE.....</b>	<b>9</b>
<b>CONCLUSION .....</b>	<b>10</b>

## COMPLIANCE INSPECTION TEAM MEMBERS

	Team Lead	ODO
	Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	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 Clinton County Correctional Facility (CCCF) in McElhatten, Pennsylvania, from January 23 to 25, 2024.<sup>1</sup> 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 Custody Management Division Authorized Facility List as of January 16, 2024. In January 2023, ODO conducted its last full inspection against the NDS 2000.<sup>2</sup> During this inspection the CCCF was inspected against the NDS 2019, and ODO's assigned rating is for ERO's informational purposes only.

[REDACTED] A warden handles daily facility operations and manages [REDACTED] 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 <sup>3</sup>	[REDACTED]
Average ICE Population <sup>4</sup>	[REDACTED]
Adult Male Population (as of January 23, 2024)	[REDACTED]
Adult Female Population (as of January 23, 2024)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found 11 deficiencies in the following areas: Admission and Release (1); Disciplinary Policy (1); Medical Care (3); Recreation (2); Suicide Prevention and Intervention (1); Tool Control (2); and Use of Force (1).

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

<sup>2</sup> CCCF's last full inspection in January 2023 was against the NDS 2000; however, ERO Custody Management requested ODO inspect all United States Marshals Service intergovernmental agreement facilities against NDS 2019 beginning in FY 2024.

<sup>3</sup> Data Source: ERO Custody Management Division Authorized Facility List as of January 16, 2024.

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

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.<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 their decision-making to better allocate resources across the agency’s entire detention inventory.

---

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

## FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected <sup>6,7</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Custody Classification System	1
Facility Security and Control	0
Funds and Personal Property	0
Post Orders	5
Searches of Detainees	1
Use of Force and Restraints	0
Special Management Units	0
Staff Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	1
<b>Sub-Total</b>	<b>8</b>
<b>Part 4 - Care</b>	
Food Service	0
Hunger Strikes	0
Medical Care	3
Personal Hygiene	0
Significant Self-Harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>3</b>
<b>Part 5 - Activities</b>	
Correspondence and Other Mail	0
Religious Practices	0
Telephone Access	0
Voluntary Work Program	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 - Justice</b>	
Grievance System	0
Law Libraries and Legal Material	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 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

Detention Files	0
Detainee Transfers	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>11</b>

## DETAINEE RELATIONS

ODO interviewed 15 detainees, who each voluntarily agreed to participate. Six other detainees declined ODO's request for an interview. Most detainees reported satisfaction with facility services except for the concerns listed below.

*Medical Care:* One detainee stated medical staff refused his request for a bottom bunk, which he needed due to injuries to his collar bone.

- Action Taken: ODO interviewed the facility's health services administrator (HSA) and confirmed the detainee's arrival on October 6, 2023, with no issues reported to a registered nurse (RN) who completed the initial intake exam. On October 9, 2023, a licensed practical nurse (LPN) examined the detainee during sick call for lower back and knee pain sustained from a fall down a staircase that occurred prior to his admission to the CCCF. The detainee also stated he previously sustained a broken collarbone. The LPN prescribed ibuprofen (200 mg), twice per day, for 5 days. On October 10, 2023, the RN examined the detainee for continued complaints of pain. On October 19, 2023, a nurse practitioner (NP) completed the detainee's 14-day exam, noting the detainee's complaint of chronic pain and request for a bottom bunk. The NP noted no injuries to the detainee's collarbone, declined the detainee's bottom bunk request, and prescribed Tylenol (650 mg), twice per day, as needed. ODO reviewed the detainee's pill call records and found he only reported to pill call on three occasions in the morning and six in the evening during the month of October, none for November, and only once in the evening for December. The detainee did not start regular reporting to pill call for chronic pain until January. On January 25, 2024, ODO followed up with the detainee, noting he did not meet the requirements for bottom bunk accommodations per the HSA. ODO instructed the detainee to continue submitting sick calls to medical staff as needed.

*Special Management Unit:* One detainee stated the facility staff placed him in SMU for 5 days without an explanation.

Action Taken: ODO spoke with a facility lieutenant and found on October 31, 2023, the lieutenant observed, via surveillance camera review, the detainee entering cell 12 on the H-Unit where an assault occurred with another detainee. On the same day, the lieutenant issued the detainee a misconduct review for being in an unauthorized area. On November 2, 2023, the manager of treatment services placed the detainee in the mental health unit (MHU), pending an investigation for entering an unauthorized area. During the misconduct review on November 6, 2023, the detainee stated he did not enter cell 12 because he was asleep in cell 8 at the time of the incident, and provided a cellmate as a witness. After further review on November 8, 2023, the lieutenant

determined he had misidentified the detainee. As a result, the lieutenant found the detainee not guilty of the charges and released him from MHU on November 8, 2023. ODO found no deficiencies in the Special Management Units standard related to this complaint.

## COMPLIANCE INSPECTION FINDINGS

### SECURITY

#### CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed the facility's detainee handbook and found it did not contain an explanation of the facility's classification levels (**Deficiency CCS-30<sup>8</sup>**).

#### POST ORDERS (PO)

ODO toured 12 posts and found in 6 out of 12 posts, supervisors did not review and sign the post logs, verifying officers acknowledged they understood the POs of their assigned post (**Deficiency PO-6<sup>9</sup>**).

ODO reviewed the facility's POs and found the PO for the armed post assignments did not describe nor explain the proper care and safe handling of firearms and the circumstances and conditions for authorized use of firearms (**Deficiency PO-10<sup>10</sup>**).

ODO reviewed the facility's POs and found the PO for the armed post assignments did not clearly state any staff member taken hostage is considered "under duress" (**Deficiency PO-11<sup>11</sup>**).

ODO reviewed the facility's POs and found the PO for the armed post assignments did not clearly state to disregard any order/directive issued by a person taken hostage, regardless of his or her position of authority (**Deficiency PO-12<sup>12</sup>**).

---

<sup>8</sup> "The facility shall include a classification section in its detainee handbook which will include the following: An explanation of the classification levels, with the conditions and restrictions applicable to each." *See* ICE NDS 2019, Standard, Custody Classification System, Section (II)(H)(1-2).

<sup>9</sup> "Supervisors shall ensure that officers understand the post orders of each post they are assigned, regardless of whether the assignment is temporary, permanent, or due to an emergency." *See* ICE NDS 2019, Standard, Post Orders, Section (II)(B).

<sup>10</sup> "Post orders for armed and perimeter-access post assignments will, among other things, describe and explain:

1. The proper care and safe handling of firearms; and
2. Circumstances and conditions when use of firearms is authorized."

*See* ICE NDS 2019, Standard, Post Orders, Section (II)(D)(1-2).

<sup>11</sup> "Post orders for armed posts, and for posts that control access to the institution perimeter, shall clearly state that any staff member who is taken hostage is considered to be under duress." *See* ICE NDS 2019, Standard, Post Orders, Section (II)(D).

<sup>12</sup> "Any order/directive issued by such a person, regardless of his or her position of authority, is to be disregarded." *See* ICE NDS 2019, Standard, Post Orders, Section (II)(D).



ODO reviewed the facility's POs and found the PO for the armed post assignments did not include specific instructions for escape attempts (**Deficiency PO-13<sup>13</sup>**).

## **SEARCHES OF DETAINEES (SD)**

ODO reviewed general POs and found the facility did not have a PO for closely observing detainees place on a dry cell status (**Deficiency SD-52<sup>14</sup>**).

## **SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)**

ODO reviewed the facility's SAAPI policy and procedures and found ERO Philadelphia had not reviewed nor approved them (**Deficiency SAAPI-14<sup>15</sup>**).

## **CARE**

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

ODO reviewed the training file of the one non-dental clinician and found a dentist did not train the non-dental clinician annually on how to conduct dental exams (**Deficiency MC-45<sup>16</sup>**).

ODO reviewed training files of 13 health care staff and found in 1 out of 13 files, no current CPR certification (**Deficiency MC-57<sup>17</sup>**). **This is a priority component.**

ODO reviewed medical files of six detainees with prescribed psychotropic medications and found in six out of six files, no separate documented informed consent for the medications administered (**Deficiency MC-93<sup>18</sup>**). **This is a priority component.**

---

<sup>13</sup> "Specific instructions for escape attempts shall be included in the post orders for armed posts." *See* ICE NDS 2019, Standard, Post Orders, Section (II)(D).

<sup>14</sup> "The facility shall have post orders for closely observing a detainee in dry cell status." *See* ICE NDS 2019, Standard, Searches of Detainees, Section (II)(D)(5).

<sup>15</sup> "The facility's written policy and procedures must be reviewed and approved by ICE/ERO." *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A).

<sup>16</sup> "Such non-dental clinicians shall be trained annually on how to conduct the exam by a dentist." *See* ICE NDS 2019, Standard, Medical Care, Section (II)(H).

<sup>17</sup> "Detention staff and health care staff will be trained to respond to health-related emergencies within a 4-minute response time." *See* ICE NDS 2019, Standard, Medical Care, Section (II)(K).

<sup>18</sup> "Prior to the administration of psychotropic medications, a separate documented informed consent, which includes a description of the medications side effects, shall be obtained." *See* ICE NDS 2019, Standard, Medical Care, Section (II)(O).

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 24 standards under NDS 2019 and found the facility in compliance with 20 of those standards. ODO found 11 deficiencies in the remaining 4 standards. Since CCCF's last full inspection in January 2023, the facility has maintained its overall compliance; however, ODO notes the facility is now inspected under NDS 2019, so ODO is unable to conduct a trend analysis. ODO noted the facility issued a directive eliminating the Transportation PO but continued to transport detainees. ODO attributed the facility's elimination of the Transportation PO to four out of five deficiencies found within that standard. ODO did not receive a completed uniform corrective action plan (UCAP) for the facility's last full inspection and cannot assess if the UCAP assisted the facility in resolving deficiencies prior to the change to NDS 2019. ODO recommends ERO Chicago continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2023 Full Inspection (NDS 2000/NDS 2019)</b>	<b>FY 2024 Full Inspection (NDS 2019)</b>
Standards Reviewed	24	24
Deficient Standards	7	5
Overall Number of Deficiencies	11	11
Priority Component Deficiencies	3	2
Repeat Deficiencies	1	0
Areas Of Concern	1	0
Corrective Actions	0	0
Facility Rating	Good	Acceptable/Adequate. <sup>19</sup>

---

<sup>19</sup> ODO revised its rating system at the end of FY 2023, and beginning in FY 2024, facilities rated as "Superior" will have no or very minimal deficiencies and will have no repeat or priority component deficiencies. This revision also adjusted the requirements for a facility to be rated as "Good."