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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

Clinton County Correctional Facility  
Lock Haven, Pennsylvania

August 3-6, 2020

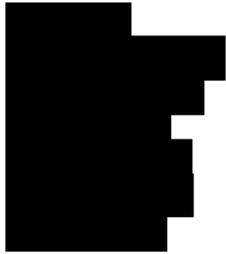
**COMPLIANCE INSPECTION**  
**of the**  
**CLINTON COUNTY CORRECTIONAL FACILITY**  
Lock Haven, Pennsylvania

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## COMPLIANCE INSPECTION TEAM MEMBERS



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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 Lock Haven, Pennsylvania, from August 3 to 6, 2020.<sup>1</sup> The facility opened in 1990 and is owned and operated by Clinton County. 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 (FOD) in Philadelphia (ERO Philadelphia). The facility operates under the National Detention Standards (NDS) 2000.

ERO has not assigned deportation officers nor a detention services manager to the facility. A CCCF warden handles daily facility operations and is supported by █ personnel. Aramark provides food services, Wellpath provides medical care, and Oasis provides commissary services at the facility. In September 2019, CCCF was audited for the Department of Justice (DOJ) Prison Rape Elimination Act (PREA) and was a DOJ PREA certified.

| Capacity and Population Statistics           | Quantity |
|--|----------|
| ICE Detainee Bed Capacity <sup>2</sup>       | 107      |
| Average ICE Detainee Population <sup>3</sup> | 106      |
| Male Detainee Population (as of 8/3/2020)    | 74       |
| Female Detainee Population (as of 8/3/2020)  | 0        |

During its last inspection, in Fiscal Year (FY) 2018, ODO found 29 deficiencies in the following areas: Admission and Release (3), Detainee Classification System (1), Detainee Grievance Procedures (1), Food Service (5), Funds and Personal Property (2), Staff-Detainee Communication (3), Environmental Health and Safety (10), Special Management Unit-Administrative Segregation (2) and Special Management Unit-Disciplinary Segregation (2).

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

<sup>2</sup> Data Source: ERO Facility List Report as of August 3, 2020.

<sup>3</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>4</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>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

| NDS 2000 Standards Inspected <sup>5</sup>            | Deficiencies |
|--|--------------|
| <b>Part 1 – Detainee Services</b>                    |              |
| Access to Legal Material                             | 0            |
| Admission and Release                                | 0            |
| Detainee Classification System                       | 0            |
| Detainee Grievance System                            | 2            |
| Food Service   | 1            |
| Funds and Personal Property                          | 2            |
| Recreation   | 0            |
| Religious Practices                                  | 0            |
| Staff-Detainee Communication                         | 0            |
| Telephone Access                                     | 0            |
| Visitation   | 1            |
| <b>Sub-Total</b>                                     | <b>6</b>     |
| <b>Part 2 – Security and Control</b>                 |              |
| Environmental Health and Safety                      | 0            |
| Special Management Unit (Administrative Segregation) | 0            |
| Special Management Unit (Disciplinary Segregation)   | 0            |
| Use of Force   | 0            |
| <b>Sub-Total</b>                                     | <b>0</b>     |
| <b>Part 3 – Health Services</b>                      |              |
| Medical Care   | 4            |
| Suicide Prevention and Intervention                  | 1            |
| <b>Sub-Total</b>                                     | <b>5</b>     |
| <b>Total Deficiencies</b>                            | <b>11</b>    |

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

## 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 conducted detainee interviews via video teleconference.

*Medical Care:* One detainee stated the facility's medical department was not responsive to his medical issues, which included: providing him access to his medical records, following-up on a local hospital visit, providing him his medication, and providing him the results of recent x-rays.

- Action Taken: ODO reviewed the detainee's medical records and spoke with facility medical staff. His medical records indicated facility medical staff provided follow-up care to him after a local emergency room evaluated him for chest pain and dizziness. Facility medical staff indicated his complaint of chest pain and dizziness had resolved. Facility medical staff evaluated him a few weeks later after he complained he needed surgery for circulation problems in his hip. Facility medical staff found nothing to suggest he had circulation problems and they submitted a request to obtain his prior medical records to see if there was a prior diagnosis. The detainee indicated he was prescribed Gabapentin prior to his arrival at CCCF; however, his intake medical screening did not document a condition, which the medication would be required for. Facility medical staff did not evaluate a condition during his initial health assessment, which required Gabapentin to be prescribed. ODO found nothing in his medical records to indicate the detainee received an x-ray in the last 7 to 10-days, nor was there a request by the detainee to see his medical records. The health services administrator (HSA) indicated facility medical staff would work with the detainee regarding his medical records request.

*Medical Care:* One detainee stated he told the facility he was having chest pains for the last three days, which the facility had not treated him for. Additionally, he stated he submitted a formal request to the warden to see his medical records and the facility had not provided him with his medical records.

- Action Taken: ODO reviewed the detainee's medical records and spoke with facility medical staff. ODO found nothing to indicate the detainee reported having chest pains to facility staff nor facility medical staff. However, facility medical staff evaluated the detainee's chest pain with negative results. Facility medical staff indicated they would follow-up with the detainee regarding his chest pain; however, ODO was unable to determine if the follow-up occurred prior to the conclusion of the inspection. The facility's HSA stated most of the facility's medical staff, including herself, were recently hired, and they were working to clear the backlog of medical requests. The HSA indicated facility medical staff would work with the detainee regarding his request to review his medical records.

*Medical Care:* One detainee stated he was diabetic and requested a kosher diet; however, the facility had not provided him with a kosher diet.

- Action Taken: ODO reviewed the detainee's medical records and spoke with facility medical staff. ODO found there was no record the detainee submitted a medical diet request to the medical department. The HSA indicated facility medical staff would follow-up with the detainee during the inspection; however, ODO was unable to determine if the follow-up occurred prior to the conclusion of the inspection.

*Religious Practices*: One detainee stated he needed to have a kosher diet because of his religious beliefs and the facility had not provided him a kosher diet.

- Action Taken: ODO spoke with the facility chaplain and found the detainee had not requested a kosher diet. Detainees who request a religious diet are required to submit a request for a religious diet to the facility's chaplain. The chaplain stated he would follow-up with the detainee and assist him with his request; however, ODO was unable to determine if the follow-up occurred prior to the conclusion of the inspection.

# COMPLIANCE INSPECTION FINDINGS

## DETAINEE SERVICES

### DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO reviewed 17 detainee detention files and found in 12 out of 17 detainee detention files, the facility housed the detainees in general population prior to completing their classification, and 5 out of 17 detainee detention files did not contain an initial classification form (**Deficiency DCS-1<sup>6</sup>**).

ODO reviewed 17 detainee detention files and found a classification supervisor did not conduct an initial classification review in 12 out of 17 detainee detention files (**Deficiency DCS-2<sup>7</sup>**).

### FOOD SERVICE (FS)

ODO interviewed the food service director, reviewed food service staff members' records, and found food service staff members did not have pre-employment medical examinations prior to working in food service (**Deficiency FS-1<sup>8</sup>**).

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

ODO reviewed the detainee detention files for five released detainees and found four out of five detainee detention files did not contain a forwarding address for the detainee (**Deficiency F&PP-1<sup>9</sup>**).

ODO reviewed the facility's detainee handbook and found it did not inform detainees of the procedures for claiming property upon release, transfer or removal, nor the procedures for filing a claim for lost or damaged property (**Deficiency F&PP-2<sup>10</sup>**).

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<sup>6</sup> "1. All detainees are classified upon arrival, before being admitted into the general population. INS will provide CDFs and IGSA facilities with the data they need from each detainee's file to complete the classification process..." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(A)(1).

<sup>7</sup> "3. The first-line supervisor will review and approve each detainee's classification." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(A)(3).

<sup>8</sup> "All food service personnel (both staff and detainee) shall receive a pre-employment medical examination." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(3)(a).

<sup>9</sup> "Standard operating procedure will include obtaining a forwarding address from every detainee who has personal property that could be lost or forgotten in the facility after the detainee's release, transfer, or removal." See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(C).

<sup>10</sup> "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including:

2. That, upon request, they will be provided an INS-certified copy of any identity document (passport, birth certificate, etc.) placed in their A-files;

4. The procedure for claiming property upon release, transfer, or removal;

5. The procedures for filing a claim for lost or damaged property." See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(J)(2)(4) and (5).

## VISITATION (V)

ODO reviewed the facility's visitation policy and found it did not address under which circumstances animals may accompany human visitors onto or into facility property (**Deficiency V-1<sup>11</sup>**).

*Correction Action:* Prior to the completion of the inspection, the facility initiated corrective action. The deputy warden updated the facility's visitation policy to include when a visitor to the facility may be accompanied by an animal and the warden approved the updated policy (**C-1**).

## HEALTH SERVICES

### MEDICAL CARE (MC)

ODO reviewed [REDACTED] medical staff licensure validations and found [REDACTED] licensure validations were not completed prior to or within 30-days of the medical staff members' hire date (**Deficiency MC-1<sup>12</sup>**).

ODO reviewed 12 detainee medical records and found the facility did not complete the detainees' initial physical examination within 14-days in 9 out of 12 medical records reviewed (**Deficiency MC-2<sup>13</sup>**).

ODO found a registered nurse (RN) completed 4 out of 12 detainee physical exams; however, there was no documentation, which indicated a physician trained the RN on how to conduct the physical examinations (**Deficiency MC-3<sup>14</sup>**).

Additionally, ODO found the facility did not complete initial dental screenings within 14-days in 11 out of 12 medical records reviewed (**Deficiency MC-4<sup>15</sup>**).

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<sup>11</sup> "Each facility shall establish and disseminate a policy and implementing procedures governing whether and, if so, under what circumstances animals may accompany human visitors onto or into facility property." See ICE NDS 2000, Standard, Visitation, Section (III)(O)(4).

<sup>12</sup> "The health care staff will have a valid professional licensure and or certificate. The USPHS, Division of Immigration Health Services, will be consulted to determine the appropriate credentials requirements for health care providers." See ICE NDS 2000, Standard, Medical Care, Section (III)(C)

<sup>13</sup> "... 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).

<sup>14</sup> "Health appraisals will be performed according to NCCHC and JCAHO standards." See ICE NDS 2000, Standard, Medical Care, Section (III)(D).

<sup>15</sup> "An initial dental screening should be performed within 14 days of the detainee's arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician's assistant or nurse practitioner." See ICE NDS 2000, Standard, Medical Care, Section (III)(E).

## SUICIDE PREVENTION AND INTERVENTION (SP&I)

ODO reviewed [REDACTED] medical staff training records and found [REDACTED] medical staff training record did not document the medical staff member completed annual suicide prevention and intervention training (Deficiency SP&I-1<sup>16</sup>).

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 17 standards under NDS 2000 and found the facility in compliance with 11 of those standards. ODO found 11 deficiencies in the remaining six standards. ODO commends facility staff for their responsiveness during this inspection and notes there was one instance where staff initiated immediate corrective action during the inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

| <b>Compliance Inspection Results Compared</b> | <b>FY 2018<br/>(NDS 2000)</b> | <b>FY 2020<br/>(NDS 2000)</b> |
|---|-------------------------------|-------------------------------|
| Standards Reviewed                            | 15                            | 17                            |
| Deficient Standards                           | 9                             | 6                             |
| Overall Number of Deficiencies                | 29                            | 11                            |
| Repeat Deficiencies                           | N/A                           | 0                             |
| Corrective Actions                            | 4                             | 1                             |

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<sup>16</sup> "All staff will receive training during orientation and periodically, in the following: recognizing signs of suicidal thinking, including suspect behavior; facility referral procedures; suicide prevention techniques; and responding to an in-progress suicide attempt. All training will include the identification of suicide risk factors and the psychological profile of a suicidal detainee." See ICE NDS 2000, Standard, Suicide Prevention and Intervention, Section (III)(A).