

# Pike County Correctional Facility Compliance Inspection 2025-001-015

February 25-27, 2025



**Unclassified** 

### COMPLIANCE INSPECTION of the PIKE COUNTY CORRECTIONAL FACILITY

Lords Valley, Pennsylvania

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#### **COMPLIANCE INSPECTION TEAM MEMBERS**

Team Lead	ODO
Assistant Team Lead	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Section Chief	ODO
Contractor	Creative Corrections

#### FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility Office of Detention Oversight (ODO) conducted a compliance inspection of the Pike County Correctional Facility (PCCF) in Lords Valley, Pennsylvania, from February 25 to 27, 2025... 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).

A warden handles daily facility operations and manages support personnel. Pike County provides food services, PrimeCare Medical, Inc. provides medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in October 2022. In January 2022, PCCF was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA certified.

Capacity and Population Statistics	Qu	antity
ICE Bed Capacity. <sup>2</sup>		
Average ICE Population <sup>3</sup>		
Adult Male Population (as of February 25, 2025)		
Adult Female Population (as of February 25, 2025)		

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 6 deficiencies in the following areas: Detainee Transfers (5) and Religious Practices (1).

<sup>&</sup>lt;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>&</sup>lt;sup>2</sup> Data Source: ERO Facility List as of February 24, 2025.

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

<sup>&</sup>lt;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
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	0
Transportation (by Land)	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Contraband	0
Funds and Personal Property	1
Hold Rooms in Detention Facilities	0
Key and Lock Control	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Tool Control	0
Use of Force and Restraints	0
Sub-Total	1
Part 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
Food Service	2
Medical Care	0
Significant Self-harm and Suicide Prevention and Intervention	0
Terminal Illness, Advance Directives and Death	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	2
Part 5 - Activities	
Recreation	0
Visitation	0
Sub-Total	0
Part 6 - Justice	

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

<sup>&</sup>lt;sup>6</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.

Detainee Handbook	0	
Grievance System	0	
Legal Rights Group Presentations	0	
Sub-Total	0	
Part 7 - Administration and Management		
Interview and Tours	0	
Staff Training	0	
Sub-Total	0	
Total Deficiencies	3	

#### **DETAINEE RELATIONS**

ODO interviewed 43 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All 43 detainees reported satisfaction with facility services.

#### COMPLIANCE INSPECTION FINDINGS

#### **SECURITY**

#### FUNDS AND PERSONAL PROPERTY (FPP).7

ODO inspected the facility's personal property room, and observed cloth, mesh, and plastic bags; backpacks; and luggage were stored without tamper-resistant security measures or devices (Deficiency FPP-84.8).

#### <u>CARE</u>

#### FOOD SERVICE (FS)

ODO observed improper labeling in three out of three serving pans containing leftovers and stored in an FS department cooler (**Deficiency FS-168.**9).

<sup>&</sup>lt;sup>7</sup> ODO's last three inspections of PCCF's Funds and Personal Property were compliant because ERO was storing and accounting for the detainees' property; however, on January 17, 2025, PCCF started processing all detainee property bags without proper equipment and property room accommodations. While ODO conducted this compliance inspection, PCCF was in the process of remodeling the property room to become compliant with PBNDS 2011 (Revised 2016).

<sup>&</sup>lt;sup>8</sup> "All detainee luggage and facility containers used for storing detainee personal property shall be secured in a tamper-resistant manner and shall only be opened in the presence of the detainee." *See* ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(I).

<sup>&</sup>lt;sup>9</sup> "All leftovers shall be labeled to identify the product, preparation date and time." *See* ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(F)(8).

ODO toured the facility's kitchen and found the hood systems in the cooking area of the kitchen contained dust and grease buildup (**Deficiency FS-409**.<sup>10</sup>).

#### CONCLUSION

During this inspection, ODO assessed the facility's compliance with 27 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 25 of those standards. ODO found three deficiencies in the remaining two standards. Since PCCF's last full inspection in February 2024, the facility's compliance with PBNDS 2011 (Revised 2016) has trended upward. PCCF went from 6 deficiencies in 2 deficient standards in February 2024 to 3 deficiencies in 2 deficient standards during this most recent inspection. ODO received PCCF's completed uniform corrective action plan for its last inspection in July 2024, which likely resolved ODO's previously cited deficiencies. ODO recommends ERO Philadelphia continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2025 Full Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	29	27
Deficient Standards	2	2
Overall Number of Deficiencies	6	3
Priority Component Deficiencies	0	0
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Good	Superior

<sup>&</sup>lt;sup>10</sup> "g. Hood systems shall be cleaned after each use to prevent grease build-up, which constitutes a fire risk. All deep fryers and grills shall be equipped with automatic fuel or energy shut-off controls." *See* ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(J)(12)(g).



## Office of Professional Responsibility

