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Inspections and Detention Oversight Division
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Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Philadelphia Field Office

Cambria County Jail
Ebensburg, Pennsylvania

September 21-24, 2020

COMPLIANCE INSPECTION
of the
Cambria County Jail
Ebensburg, 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 Cambria County Jail (CCJ) in Ebensburg, Pennsylvania, from September 21 to 24, 2020.¹ The facility opened in 1997 and is owned and operated by Cambria County. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at CCJ in 1998 under the oversight of ERO's Field Office Director (FOD) in Philadelphia (ERO Philadelphia). The facility operates under the National Detention Standards (NDS) 2019.

ERO has assigned deportation officers to the facility. A CCJ warden handles daily facility operations and is supported by █████ personnel. CCJ provides food services, PrimeCare Medical provides medical services, and Keefe Supply Company provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in 2017.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	54
Average ICE Detainee Population ³	31
Male Detainee Population (as of 09/12/2020)	19
Female Detainee Population (as of 09/12/2020)	0

During its last inspection, in Fiscal Year (FY) 2018, ODO found 34 deficiencies in the following areas: Admissions and Release (7); Detainee Classification System (2); Food Service (7); Funds and Personal Property (2); Staff-Detainee Communication (2); Environmental Health and Safety (3); Special Management Unit (Administrative Segregation) (4); Special Management Unit (Disciplinary Segregation) (2); and Use of Force (5).

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

² Data Source: ERO Facility List Report as of September 14, 2020.

³ *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.⁴

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. Therefore, 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.

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

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ⁵	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	0
Custody Classification System	4
Funds and Personal Property	2
Use of Force and Restraints	0
Special Management Units	0
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	8
Sub-Total	14
Part 4 – Care	
Food Service	0
Medical Care	2
Significant Self-Harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	1
Sub-Total	3
Part 5 – Activities	
Recreation	0
Religious Practices	0
Telephone Access	0
Visitation	4
Sub-Total	4
Part 6 – Justice	
Grievance System	3
Law Libraries and Legal Materials	0
Sub-Total	3
Total Deficiencies	24

⁵ 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 mistreatment or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO attempted to conduct the detainee interviews via video teleconference; however, ERO Philadelphia and the facility were not able to accommodate this request due to technological issues. As such, the detainee interviews were conducted via telephone.

Law Libraries and Legal Materials: Several detainees stated they did not have access to the law library and legal materials for two weeks because the computers were broken.

- Action Taken: ODO spoke with the facility staff, who stated the computers have been inoperable for approximately three weeks due to a computer virus affecting the entire Cambria County computer network. The Information Technology (IT) department instructed the facility to shut down every computer until the computer virus has been resolved. As of ODO's inspection, the IT department has not resolved the issue.

Medical Care: A detainee stated he has submitted three medical requests and grievances for various medical issues. The detainee stated the medical department is extremely negligent because it took three months for a resolution.

- Action Taken: ODO interviewed the facility's medical staff and reviewed the detainee's medical record and grievances. The detainee's medical record shows 58 medical encounters from May 17, 2019 through September 3, 2020, and many encounters note the detainee was non-compliant with the clinical provider's directions. ODO verified a provider placed the detainee on an appropriate treatment plan and medical staff answered all medical requests within a reasonable time. On June 16, 2020 and July 7, 2020, a provider met with the detainee to discuss the medical concerns raised in the grievances. ODO confirmed the detainee's grievances of waiting three months for a resolution were unfounded.

Medical Care: A detainee stated facility staff have refused to provide him with his medical records for court.

- Action Taken: ODO spoke with the facility staff, who stated they have not received any requests for medical records from the detainee. Per the facility's policy, detainees cannot retain a copy of their medical record in the housing unit. The facility staff stated the detainee can store and retrieve his medical record from his personal property to take to court, but the medical record must be returned after court.

Sexual Abuse and Assault Prevention and Intervention: A detainee stated he filed a sexual abuse complaint against an officer on August 28, 2020, because the officer made comments about his body. He filed a second complaint two days later, but he has not received any information about his complaint.

- Action Taken: ODO reviewed the detainee's detention file and interviewed facility staff. The facility confirmed the detainee submitted an allegation via a grievance form

on August 28, 2020 and submitted the same report to the Pennsylvania State Department of Corrections hotline, two days later. The alleged incident is currently under investigation by the facility security captain. ODO notes the facility did not notify ERO Philadelphia of the allegation and this is a deficiency under the Sexual Abuse and Assault Prevention and Intervention standard of this report.

COMPLIANCE INSPECTION FINDINGS

SECURITY

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO found two out of 12 detainee detention files indicated facility staff did not complete the initial detainee classifications within 12 hours of admission (**Deficiency CCS-1⁶**).

ODO found three out of 12 detainee detention files indicated a supervisor did not review the detainee classifications (**Deficiency CCS-2⁷**).

ODO found the facility does not have a system to readily identify a detainee's classification level (**Deficiency CCS-3⁸**).

ODO found two out of 12 detainee detention files in which ERO Philadelphia did not provide the facility with any information to assist the facility in classifying detainees (**Deficiency CCS-4⁹**).

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed property inventory logs from six months preceding the inspection and found the inventory logs did not contain the time of the inventory (**Deficiency FPP-1¹⁰**).

ODO reviewed the release files of five detainees and found none contained the detainee's signature to indicate their property had been returned (**Deficiency FPP-2¹¹**).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

⁶ "The initial classification process and initial housing assignment should be completed within 12 hours of admission to the facility." *See* ICE NDS 2019, Standard, Custody Classification System, Section (II)(A)(2).

⁷ "A supervisor will review each detainee's classification." *See* ICE NDS 2019, Standard, Custody Classification System, Section (II)(A)(4).

⁸ "Each facility shall establish a system that readily identifies a detainee's classification level, for example, color-coded uniforms." *See* ICE NDS 2019, Standard, Custody Classification System, Section (II)(A)(6).

⁹ "ICE/ERO offices will provide the facility with any information available to ICE to assist the facility in classifying detainees." *See* ICE NDS 2019, Standard, Custody Classification System, Section (II)(C).

¹⁰ "The facility's logs will indicate the date, time, and name of the officer(s) conducting the inventory." *See* ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(D).

¹¹ "After a property check, the detainee will then sign a receipt for the property, indicating his or her receipt of all funds and personal property due him or her." *See* ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(E).

ODO reviewed the facility's SAAPI policy and determined ERO Philadelphia had not reviewed and approved the policy (**Deficiency SAAPI-1**¹²).

ODO found the facility's staff training did not include instruction that sexual abuse and/or assault is never an acceptable consequence of detention, nor did it include the investigation process and how to ensure that evidence is not destroyed (**Deficiency SAAPI-2**¹³).

ODO reviewed the medical staff training procedures for examining and treating victims of sexual abuse and determined ERO Philadelphia had not reviewed and approved the training (**Deficiency SAAPI-3**¹⁴).

ODO determined the instructions to detainees regarding SAAPI did not include the prohibition against retaliation, including an explanation that reporting an assault would not negatively impact the detainee's immigration proceedings (**Deficiency SAAPI-4**¹⁵).

ODO found five out of 17 detainee detention files did not contain documentation of the detainees' participation in the SAAPI instruction session (**Deficiency SAAPI-5**¹⁶).

ODO interviewed facility staff and determined the facility does not ensure transportation staff seat each detainee in accordance with written procedures from the warden (**Deficiency SAAPI-6**¹⁷).

ODO interviewed facility staff and found the facility does not report all sexual abuse allegations to the FOD ERO Philadelphia (**Deficiency SAAPI-7**¹⁸).

ODO found the facility's written procedures for administrative investigations does not include provisions requiring: reviewing prior complaints and reports of sexual abuse involving the

¹² "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).

¹³ "Employee training shall ensure facility staff are able to fulfill their responsibilities under this standard and shall include:

4. Instruction that sexual abuse and assault is never an acceptable consequence of detention;
10. The investigation process and how to ensure that evidence is not destroyed. See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(E)(4) and (10).

¹⁴ "Facility medical staff shall be trained in procedures for examining and treating victims of sexual abuse in facilities where medical staff may be assigned these activities. This training shall be subject to the review and approval of ICE/ERO." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(E).

¹⁵ "Following the intake process, the facility shall provide instruction to detainees on the facility's Sexual Abuse and Assault Prevention and Intervention Program and ensure that such instruction includes (at a minimum):

6. Prohibition against retaliation, including an explanation that reporting sexual abuse and assault shall not negatively impact the detainee's immigration proceedings." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(F)(6).

¹⁶ "The facility shall maintain documentation of detainee participation in the instruction session." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(F).

¹⁷ "The section on "Seating of Detainees," found in Standard 1.2 "Transportation by Land," requires that transportation staff seat each detainee in accordance with written procedures from the facility administrator, with particular attention to detainees who may need to be afforded closer observation for their own safety." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(I)(2).

¹⁸ "The facility where the alleged abuse occurred shall then ensure the allegation is referred for investigation and reported to ICE/ERO (this notification must go directly to the FOD) in accordance with this standard." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(L).

suspected perpetrator; assessing the credibility of an alleged victim, suspect, or witness, without regard to the individual's status, and without requiring any detainee who alleges sexual abuse to submit to a polygraph; and an effort to determine whether actions or failures to act at the facility contributed to the abuse (**Deficiency SAAP-8¹⁹**).

CARE

MEDICAL CARE (MC)

ODO found [REDACTED] out of [REDACTED] health care staff did not have a primary source verification (**Deficiency MC-1²⁰**).

ODO found seven out of 12 detainee medical records indicated medical staff did not conduct physical examinations within 14-days of their arrival at the facility (**Deficiency MC-2²¹**).

DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIAA)

ODO interviewed facility staff and found the facility does not have a designated disability compliance coordinator (**Deficiency DIAA-1²²**).

ACTIVITIES

VISITATION (V)

ODO found the facility does not have a written procedure to allow legal service providers and legal assistants to telephone the facility in advance of a visit to determine whether a particular individual is detained in the facility (**Deficiency V-1²³**).

ODO interviewed facility staff and found the facility does not notify legal service providers of the security concerns prior to the meeting, if the warden considers special security measures necessary

¹⁹ "The facility shall develop written procedure for administrative investigations, including provisions requiring:

- c. Reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator;
- d. Assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual's status as detainee, staff, or employee, and without requiring any detainee who alleges sexual abuse to submit to a polygraph;
- e. An effort to determine whether actions or failures to act at the facility contributed to the abuse." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(M)(3)(c-e).

²⁰ "Health care staff shall have a valid professional licensure and/or certification for the jurisdiction in which they practice and will perform duties within scope of their clinical license." See ICE NDS 2019, Standard, Medical Care, Section (II)(C).

²¹ "The facility will conduct and document a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival at the facility." See ICE NDS 2019, Standard, Medical Care, Section (II)(E).

²² "The facility or public entity shall designate a Disability Compliance Coordinator to assist facility personnel in ensuring compliance with this standard and all applicable federal, state, and local laws related to accommodation of detainees with disabilities." See ICE NDS 2019, Standard, Disability Identification, Assessment, and Accommodation (II)(B)(2).

²³ "Each facility shall establish a written procedure to allow legal service providers and legal assistants to telephone the facility in advance of a visit to determine whether a particular individual is detained in that facility." See ICE NDS 2019, Standard, Visitation (II)(G)(6).

(**Deficiency V-2²⁴**).

ODO reviewed the legal visitation log and found staff do not document the reason for denying access (**Deficiency V-3²⁵**).

ODO reviewed the legal visitation log and found staff do not record consultation visits (**Deficiency V-4²⁶**).

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed the facility's grievance logs and found the facility does not address grievances within five business days, barring extraordinary circumstances (**Deficiency GS-1²⁷**).

ODO found the facility did not report a detainee grievance containing an allegation of staff misconduct to ERO Philadelphia (**Deficiency GS-2²⁸**).

ODO found the facility did not issue a decision on a sexual abuse grievance within five days of receipt (**Deficiency GS-3²⁹**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under NDS 2019 and found the facility in compliance with 11 of those standards. ODO found 24 deficiencies in the remaining seven standards. ODO notes one best practice: the facility publishes the facility's detainee handbook in seven languages: English, Spanish, Russian, Portuguese, German, Chinese, and Arabic. ODO commends facility staff for their responsiveness during this inspection. ODO recommends ERO Philadelphia work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

²⁴ "If the facility administrator considers special security measures necessary, he or she will notify legal service providers of the security concerns prior to the meeting." *See* ICE NDS 2019, Standard, Visitation (II)(G)(11).

²⁵ "A separate log shall record all legal visitors, including those denied access to the detainee. The log shall include the reason(s) for denying access." *See* ICE NDS 2019, Standard, Visitation (II)(G)(14).

²⁶ "The legal visitation log shall record consultation visits." *See* ICE NDS 2019, Standard, Visitation (II)(H)(8).

²⁷ "Barring extraordinary circumstances, grievances shall be addressed within five business days." *See* ICE NDS 2019, Standard, Grievance System (II)(A)(2)(a).

²⁸ "The facility must forward all detainee grievances containing allegations of staff misconduct to ICE/ERO." *See* ICE NDS 2019, Standard, Grievance System (II)(F).

²⁹ "If a detainee files a grievance related to a sexual abuse claim, the facility shall issue a decision on the grievance within five days of receipt and shall respond to an appeal of the grievance decision within 30 days." *See* ICE NDS 2019, Standard, Grievance System (II)(G).

Compliance Inspection Results Compared	FY 2018 (NDS 2000)	FY 2020 (NDS 2019)
Standards Reviewed	15	18
Deficient Standards	9	7
Overall Number of Deficiencies	34	24
Repeat Deficiencies	0	0
Corrective Actions	2	0