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U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
Inspections and Detention Oversight Division
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Office of Detention Oversight
Follow-Up/Interim Compliance Inspection

Enforcement and Removal Operations
ERO Philadelphia Field Office

Clinton County Correctional Facility
Lock Haven, Pennsylvania

July 12-16, 2021

**FOLLOW-UP/INTERIM COMPLIANCE INSPECTION
of the
CLINTON COUNTY CORRECTIONAL FACILITY
Lock Haven, Pennsylvania**

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FOLLOW-UP/INTERIM 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 follow-up/interim compliance inspection of the Clinton County Correctional Facility (CCCF) in Lock Haven, Pennsylvania, from July 12 to 16, 2021.¹ This inspection focused on the standards found deficient during ODO’s last inspection of the CCCF from February 22 to 25, 2021. The facility opened in 1990, is owned by Clinton County, and is 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). The facility operates under the National Detention Standards (NDS) 2000.

ERO has assigned deportation officers and a detention services manager to the facility. A CCCF warden handles daily facility operation and manages █ support personnel. Aramark provides food services, Wellpath provides medical care, and Oasis Management Systems Inc. provides commissary services at the facility. The facility does hold not any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	█
Average ICE Detainee Population ³	█
Male Detainee Population (as of July 12, 2021)	█
Female Detainee Population (as of July 12, 2021)	█

During its last inspection, in Fiscal Year (FY) 2021, ODO found two deficiencies in the following areas: Special Management Units (Administrative Segregation) (1); and Special Management Units (Disciplinary Segregation) (1).

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

² Data Source: ERO Facility List Report as of July 6, 2021.

³ *Ibid.*

FOLLOW-UP/INTERIM COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

Follow-Up/Interim Compliance Inspections focus on facilities that changed their contractually required ICE National Detention Standards (i.e., from NDS 2000 to NDS 2019) following their first ODO inspection of the FY. ODO will conduct a complete review of several core standards, in accordance with the facility's new contractually required ICE National Detention Standards, which include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Special Management Units, Educational Policy (FRS only), Behavior Management (FRS only), Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's UCAP, and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards.

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.

FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected ⁴	Deficiencies
Part 1 – Detainee Services	
Admission and Release	2
Detainee Classification System	0
Food Service	0
Funds and Personal Property	0
Sub-Total	2
Part 2 – Security and Control	
Emergency Plans	2
Environmental Health and Safety	2
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	0
Sub-Total	4
Part 3 – Health Services	
Hunger Strikes	0
Medical Care	2
Suicide Prevention and Intervention	0
Sub-Total	2
Total Deficiencies	8

⁴ 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.

Food Service: One detainee stated he would like a soy diet and he had not received a response from the facility.

- Action Taken: ODO interviewed the facility health services administrator, conducted a review of the detainee's medical record, and found the CCCF medical staff reviewed the detainee's transfer sheet from his previous detention institution and determined the detainee had no known allergies, to include soy. Additionally, ODO found the detainee did not indicate he had allergies to any food items during intake. On July 14, 2021, the CCCF staff notified the detainee of the denial to his request.

Food Service: Multiple detainees stated dissatisfaction with the food because the food menu was repetitive, the portions were small, and the food did not taste good.

- Action Taken: ODO interviewed a facility captain and the facility food service administrator and reviewed the food-cycle menus provided. ODO confirmed a dietician approved the food-cycle menus, which listed meals had 2,200 to 2,400 calories per day and included a variety of food options. The menu specified the weight of food in ounces or the number of individual pieces. ODO reviewed pictures of the serving line and of food service staff using measured utensils to serve the proper amount of food according to the approved menu. ODO was not onsite for this inspection and was unable to verify the taste of food.

FOLLOW-UP/INTERIM COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ADMISSION AND RELEASE (AR)

ODO reviewed the CCCF's Detainee Receiving and Discharge policy, the Strip/Uncllothed Search Log, █ active detainee detention files, interviewed the facility lieutenant and found █ files contained documentation indicating the facility staff conducted a strip search; however, facility staff did not document their reasonable suspicion (**Deficiency AR-10⁵**).

ODO reviewed the CCCF's Detainee Receiving and Discharge, CCCF Strip/Uncllothed Search Log, █ active detainee detention files, interviewed the facility lieutenant and found █ files which contained documentation requiring staff to document reasonable suspicion for a strip search. In

⁵ "Immigration detainees shall not be strip searched upon admission to a facility unless there is a reasonable suspicion that an individual may be concealing a weapon or other contraband." See Change Notice – Strip Search Guidelines for Admission and Release – April 14, 2003.

both instances, the facility staff did not document reasonable suspicion (**Deficiency AR-13**⁶).

FOOD SERVICE (FS)

ODO reviewed a memorandum dated July 16, 2021, from the deputy warden of support services, confirming CCCF had not received an annual inspection by the Department of Corrections of the Commonwealth of Pennsylvania since August 13, 2019. The Department of Corrections did not conduct the annual inspection due to the COVID-19 pandemic. ODO noted the lapse in the annual compliance inspection as an **Area of Concern**.

SECURITY AND CONTROL

EMERGENCY PLANS (EP)

ODO reviewed the facility emergency plans and found [REDACTED] contingency-specific plans did not contain a statement prohibiting unauthorized plan disclosure (**Deficiency EP-23**⁷).

ODO reviewed the individual contingency-specific plans and found the facility did not compile the following plans: [REDACTED] Detainee [REDACTED] and [REDACTED] (**Deficiency EP-93**⁸).

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed [REDACTED] fire drill forms conducted from February through July 2021 and found the facility did not draw emergency keys during any of the [REDACTED] fire drills (**Deficiency EHS-69**⁹).

ODO reviewed [REDACTED] fire drill forms conducted from February through July 2021 and found the facility did not draw emergency keys during [REDACTED] of the fire drills to unlock one set of emergency exit doors not in daily use (**Deficiency EHS-70**¹⁰).

HEALTH SERVICES

MEDICAL CARE (MC)

ODO reviewed [REDACTED] detainee medical records and found the facility health care provider did not

⁶ "If information developed during admissions processing supports reasonable suspicion for a full search, the information supporting that suspicion should be documented in detail on Form G-1025, Record of Search)." *See* Change Notice – Strip Search – October 15, 2007.

⁷ "Every plan will include a statement prohibiting unauthorized plan disclosure. This applies equally to developmental stages and to the finished plans." *See* ICE NDS 2000, Standard, Emergency Plans, Section (III)(B)(4).

⁸ "All facilities will compile INS approved individual contingency plans, as needed, in the following order: ...

6. Search (Internal)
9. Civil Disturbance
10. Environmental Hazard
11. Detainee Transportation System Emergency

13. Service wide Lockdown." *See* ICE NDS 2000, Standard, Emergency Plans, Section (III)(D)(6)(9-11)(13).

⁹ "Emergency-key drills will be included in each fire drill and timed." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(c).

¹⁰ "Emergency keys will be drawn and used by the appropriate staff to unlock one set of emergency exit doors not in daily use." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(c).

conduct detainee health appraisals for █ detainees within 14 days of each detainee’s arrival to the facility. Specifically, the facility did not complete the 14-day health assessments on █ detainees and completed the health assessments for the remaining █ between █ days after the detainees arrived at the facility (**Deficiency MC-23**¹¹).

ODO reviewed █ detainee medical records and found registered nurses conducted the initial dental screenings instead of a physician, physician's assistant, or nurse practitioner, as required in facilities with no on-site dentist (**Deficiency MC-51**¹²).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 12 standards under NDS 2000 and found the facility in compliance with 8 of those standards. ODO found eight deficiencies in the remaining four standards. 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. ERO provided ODO with the uniform corrective action plan for ODO’s last inspection of CCCF on July 28, 2021.

Compliance Inspection Results Compared	First FY 2021 (NDS 2019)	Second FY 2021 (NDS 2000)
Standards Reviewed	18	12
Deficient Standards	2	4
Overall Number of Deficiencies	2	8
Repeat Deficiencies	N/A	N/A
Areas of Concern	0	1
Corrective Actions	0	0

¹¹ “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.” See ICE NDS 2000, Standard, Medical Care, Section (III)(D).

¹² “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).