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ICE Inspections
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**Office of Detention Oversight
Follow-Up Compliance Inspection**

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

**Clinton County Correctional Facility
McElhattan, Pennsylvania**

July 26-28, 2022

FOLLOW-UP COMPLIANCE INSPECTION
of the
CLINTON COUNTY CORRECTIONAL FACILITY
McElhattan, 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 follow-up compliance inspection of the Clinton County Correctional Facility (CCCF) in McElhattan, Pennsylvania, from July 26 to 28, 2022.¹ This inspection focused on the standards found deficient during ODO’s last inspection of CCCF from January 3 to 6, 2022. 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). The facility operates under the National Detention Standards (NDS) 2000.

ERO has no staff assigned to the facility. A CCCF warden handles daily facility operations and manages █ 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 ²	█
Average ICE Population ³	█
Adult Male Population (as of July 26, 2022)	█
Adult Female Population (as of July 26, 2022)	█

During its last inspection, in Fiscal Year (FY) 2022, ODO found six deficiencies in the following areas: Admission and Release (1); Environmental Health and Safety (2); Funds and Personal Property (1); and Medical Care (2).

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

² Data Source: ERO Facility List as of July 25, 2022.

³ *Ibid.*

FOLLOW-UP 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.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, 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 uniform corrective action plan (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. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected ^{4,5}	Deficiencies
Part 1 - Detainee Services	
Admission and Release	2
Correspondence and Other Mail ⁶	1
Detainee Classification System	0
Detainee Grievance Procedures	0
Food Service	4
Funds and Personal Property	0
Issuance and Exchange of Clothing, Bedding and Towels	1
Recreation	0
Staff-Detainee Communication	0
Telephone Access	0
Sub-Total	8
Part 2 - Security and Control	
Emergency Plans	0
Environmental Health and Safety	2
Population Counts	0
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	1
Sub-Total	3
Part 3 - Health Services	
Hunger Strikes	0
Medical Care	2
Suicide Prevention and Intervention	0
Sub-Total	2
Total Deficiencies	13

⁴ For greater detail on ODO's findings, see the *Follow-up Compliance Inspection Findings* section of this report.

⁵ Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

⁶ ODO identified and cited the deficiency under the Correspondence and Other Mail (COM) standard while performing detainee interviews; ODO did not review the COM standard in its entirety.

DETAINEE RELATIONS

ODO interviewed 23 detainees, who each voluntarily agreed to participate. One detainee informed ODO of alleged inappropriate sexual comments made by multiple inmates and detainees; however, he refused to file a formal complaint and would not provide specific details to facility staff for the facility to investigate the incident. Most detainees reported satisfaction with facility services except for the concerns listed below.

Correspondence and Other Mail: One detainee stated the facility did not open his legal mail in his presence.

- Action Taken: ODO interviewed the CCCF executive assistant and found there are instances when the facility opens a detainee's legal mail without the detainee present. The executive assistant stated, when CCCF opens a detainee's legal mail without the detainee present, the facility documents it and includes the documentation in the detainee's detention file. ODO reviewed the detainee's detention file and found no documentation stating the facility opened the detainee's legal mail outside of his presence. ODO cited this as a deficiency under the *Correspondence and Other Mail* section of this report.

Medical Care: One detainee stated the facility once gave him medication intended for another detainee.

- Action Taken: ODO interviewed the CCCF health services administrator (HSA), reviewed the detainee's medical file, and found on June 27, 2022, a registered nurse (RN) brought Oxycodone HCL (30 mg) to the detainee's housing unit but intended for another detainee. Upon seeing the RN, the detainee approached her, grabbed the medication, and swallowed it immediately. A CCCF corrections officer, knowing the legitimate recipient of the medication, watched the detainee take the medication and said and did nothing to stop it. The HSA reviewed video footage of the incident and determined 30 seconds elapsed from the time the RN entered the housing unit to the time the detainee swallowed the medication. The facility's after-action report directed the detainee who took the wrong medication to report to the medical unit to receive any prescribed medication. Additionally, CCCF reiterated to medical staff the requirement for detainees to present identification prior to administering medication. ODO cited this as a deficiency under the *Medical Care* section of this report.

Medical Care: One detainee stated he had not received wart medication for his finger.

- Action Taken: ODO interviewed the CCCF HSA and found, on May 6, 2022, the detainee submitted a medical request about a wart on his finger. On May 7, 2022, a nurse practitioner (NP) evaluated the detainee, determined no need for medication, and instructed the detainee not to pick at the wart. On May 27, 2022, an NP evaluated the detainee and found no sign of a wart. On June 11, 2022, the detainee submitted a sick call request, and the NP evaluated him on the same day and scheduled him to see a physician. On June 22, 2022, a CCCF doctor evaluated the detainee and prescribed

Compound W Maximum Strength. On July 14, 2022, an NP requested a refill of the medication. ODO confirmed with the HSA, the facility lost the extra paperwork required for a non-formulary medication and could not refill the prescription. Since the detainee did not submit any subsequent requests, the HSA never knew of the issue. On July 27, 2022, the HSA completed the required paperwork with the detainee present to verify the facility placed the order. On August 9, 2022, the facility delivered the medication to the detainee.

Sexual Abuse and Assault Prevention and Intervention: One detainee stated he received inappropriate sexual comments by multiple inmates and detainees.

- Action Taken: On July 28, 2022, ODO and a CCCF captain interviewed the detainee. The detainee stated he received inappropriate sexual comments from other detainees and inmates but did not want to report it for fear the detainees and inmates would retaliate against him. The detainee stated the harassment occurred when the facility moved him from a medical holding cell to a new housing unit from June 16 to July 8, 2022, but he had no further issues since the facility moved him back to his original housing unit, and would not provide ODO or facility leadership with any other further details. The captain assured the detainee he could report any incidents directly to him. ODO reported this allegation to the Joint Intake Center.

Staff-Detainee Communication: Ten detainees stated officers of the opposite gender do not announce their presence when entering a housing unit.

- Action Taken: Throughout the inspection, ODO observed facility staff members did not consistently announce their presence when entering opposite-gender housing units, nor did they announce their presence in a sufficiently loud voice for detainees to hear. ODO noted this as an **Area of Concern** in the *Staff-Detainee Communication* section of this report.

Suicide Prevention and Intervention: One detainee stated he recently and while in custody at CCCF, attempted suicide by trying to hang himself, but at the time of the interview, he stated he no longer had thoughts of harming himself.

- Action Taken: ODO reviewed the detainee's medical record and confirmed he stated to a facility RN on February 28, 2022, his depression and not wanting to wake up. The RN immediately notified the HSA and mental health staff. On March 1, 2022, a licensed practical nurse (LPN) placed the detainee on 30-minute observations because of his statements of depression and recently coming off a hunger strike. On March 3, 2022, a certified registered nurse practitioner (CRNP) evaluated the detainee and diagnosed post-traumatic stress disorder as the cause of his depression and prescribed Remeron (15 mg). On March 17, 2022, the CRNP evaluated the detainee again, determined the detainee's poor impulse control in addition to his depression, increased the dosage of Remeron to 30 mg and added Seroquel (100 mg) to his prescription. On April 26, 2022, the detainee stated to a mental health counselor his depression and anxiety had increased and he heard voices. On April 28, 2022, the CRNP met with the

detainee, noted his ongoing depression and nightmares but with no indication of self-harm, and prescribed Remeron (45 mg) for his depression. A mental health counselor placed him back on 30-minute observations. On June 2, 2022, the detainee sent a suicide note to ERO Philadelphia, resulting in an evaluation of the detainee by the HSA. The detainee stated he no longer wanted to live and tried to hang himself in the bathroom a few days prior. On June 6, 2022, the detainee told the mental health counselor he wanted to give up, and the counselor countered by telling the detainee to think about the impact of his behavior on his children. The detainee agreed to keep fighting for his immigration case but refused any food until he sees his children. On June 7, 2022, the detainee met with a mental health counselor and told her of his intention to eat his meals henceforward. On June 9, 2022, the CRNP met with the detainee and noted his irritability, anger, lability, and his noncompliance with taking his medication. The detainee stated feeling hopeless and depressed and gave no reason for missing 14 meals. The CRNP prescribed the detainee Effexor (37.5 mg) for depression and Seroquel (500 mg) and recommended transfer of the detainee to an ICE mental health facility. On July 7, 2022, the detainee stated he felt more depressed, stopped taking his medication, and started to hear voices again. The CRNP changed his morning medication to noontime and prescribed Venlafaxine (37.5 mg initially and increased to 75 mg in 2 weeks) and Depakote (250 mg). On July 29, 2022, the detainee met with a psychiatric NP and stated he felt depressed and paranoid. The NP found no symptoms of psychosis, prescribed Zyprexa (10 mg), Remeron (30 mg for 2 weeks and then decreased to 15 mg), Depakote (250 mg), Topamax (50 mg) and stopped the Seroquel and Effexor prescriptions. The NP educated the detainee on mental health strategies.

Suicide Prevention and Intervention: One detainee stated he informed the staff upon his arrival of having daily suicidal thoughts; however, no one from medical ever followed up with him.

- Action Taken: ODO concluded the interview and informed the staff of the detainee's comments, and facility staff immediately escorted him to the medical unit. On July 26, 2022, the detainee displayed anxiety symptoms and stated he felt frustrated and expressed suicidal ideations but with no intent or plan in place. A mental health counselor placed the detainee in a medical holding cell with 30-minute observations. On August 1, 2022, a psychiatrist examined the detainee and diagnosed an adjustment disorder with anxiety and prescribed Zoloft (50 mg). As of August 15, 2022, the facility staff confirmed the detainee's mental stability, but he remained in a medical holding cell with 30-minute observation intervals. ODO reviewed the detained medical file and found an LPN noted the detainee's feelings of stress and hopelessness but no mention of suicide.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ADMISSION AND RELEASE (AR)

ODO reviewed ■ detention files of detainees the facility strip searched upon admission to the facility during the review period and found in ■ out of ■ files, no documentation to justify the searches (**Deficiency AR-10⁷**). **This is a repeat deficiency.**

ODO interviewed the CCCF booking officer and a facility captain, reviewed four detention files of detainees released during the review period, and found in four out of four files, no fingerprinting completed by staff before a detainee's release, removal, or transfer from the facility (**Deficiency AR-72⁸**).

CORRESPONDENCE AND OTHER MAIL (COM)

ODO interviewed the CCCF executive assistant and found instances in which the facility opens a detainee's legal mail without the detainee present (**Deficiency COM-20⁹**).

DETAINEE GRIEVANCE PROCEDURES (DGP)

ODO reviewed the facility detainee grievance log, interviewed the CCCF manager of treatment services, and found as a general practice, staff members do not document the results of resolved oral grievances for the record, nor place documentation in detainee detention files. ODO was unable to identify specific instances in which the facility did not appropriately document resolved oral grievances and is citing the facility's general practice as an **Area of Concern**.

FOOD SERVICE (FS)

ODO inspected the FS area and found the facility did not continuously protect food from contamination. Specifically, ODO observed an open box of shortening in the storage area. Additionally, ODO observed heavy grease and carbon buildup on the interior walls of the convection oven (**Deficiency FS-161¹⁰**).

⁷ "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 ... This shall include the documentation of the reasons justifying the search on: a. Form G-1025 Record of Search, and the approving supervisor's signature shall be obtained prior to the conducting of the search." *See* Change Notice – Strip Search Guidelines for Admission and Release – April 14, 2003.

⁸ "Staff must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include completing and processing forms, closing files, fingerprinting; returning personal property; and reclaiming facility-issued clothing, bedding, etc." *See* ICE NDS 2000, Standard, Admission and Release, Section (III)(2nd J).

⁹ "All facilities shall implement procedures for inspecting special correspondence for contraband. Any such inspection shall be in the presence of the detainee." *See* ICE NDS 2000, Standard, Correspondence and Other Mail, Section (III)(E)(2).

¹⁰ "Food and ice will be protected from dust, insects and rodents, unclean utensils and work surfaces, unnecessary

ODO interviewed the FS director, observed FS operations, and found the facility did not provide FS personnel with approved rubber-soled safety shoes (**Deficiency FS-298**¹¹).

ODO inspected the facility's multi-tank conveyor machine and found it did not maintain a final rinse temperature of 180 Fahrenheit (F) degrees. Specifically, on July 26, 2022, ODO recorded a final rinse temperature of 115 F degrees while the multi-tank conveyor machine was in operation (**Deficiency FS-370**¹²).

ODO inspected the FS freezer in operation, reviewed the freezer temperature log, and found the facility did not maintain frozen foods at or below 0 F degrees. Specifically, on July 26, 2022, ODO recorded the freezer temperature at 5 F degrees. Additionally, ODO reviewed the freezer temperature log and found 292 out of 413 recorded freezer temperatures exceeded 0 F degrees (**Deficiency FS-437**¹³).

ISSUANCE AND EXCHANGE OF CLOTHING, BEDDING AND TOWELS (IECBT)

ODO interviewed the intake supervisor and found the facility did not provide protective clothing to detainees assigned to special work areas. Specifically, ODO found the facility did not provide approved rubber-soled safety shoes to detainees assigned to FS (**Deficiency IECBT-16**¹⁴).

STAFF-DETAINEE COMMUNICATION (SDC)

Throughout the inspection, ODO observed facility staff members did not consistently announce their presence when entering opposite-gender housing units, nor did they announce their entry with a sufficiently loud voice for detainees to hear. ODO noted this as an **Area of Concern**.

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO inspected the facility utility closets and found CCCF did not maintain a running inventory of the hazardous substances used and stored in those areas. Specifically, ODO observed no running inventories for hazardous glass cleaner and floor cleaner in two utility closets in the main corridor, nor for hazardous glass cleaner, floor cleaner, and sanitizer in the Bravo housing unit

handling, coughs and sneezes, flooding, drainage, overhead leakage, and other sources of contamination. Protection will be continuous, whether the food is in storage, in preparation/on display, or in transit." See ICE NDS 2000, Standard, Food Service, Section (III)(D)(5).

¹¹ "Approved rubber soled safety shoes shall be provided and used by all food service personnel working in food service." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(2)(e).

¹² "Maintain the following temperatures for hot-water sanitizing: ...

c. Multi-tank, conveyor machine: wash temperature of 150 degrees F; pumped rinse, 160 degrees F; final rinse, 180 degrees F." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(7)(g)(5)(c).

¹³ "The following procedures apply when receiving or storing food: ...

f. Store perishables at 35-40 degrees F to prevent spoilage and other bacterial action; maintain frozen foods at or below zero degrees F." See ICE NDS 2000, Standard, Food Service, Section (III)(J)(3)(f).

¹⁴ "Detainees assigned to special work areas shall be clothed in accordance with the requirements of the job and, when appropriate, provided with protective clothing and equipment." See ICE NDS 2000, Standard, Issuance and Exchange of Clothing, Bedding and Towels, Section (III)(D).

utility closet (**Deficiency EHS-2¹⁵**).

ODO toured the facility and found CCCF did not comply with national fire safety codes. Specifically, ODO observed an uncovered electrical junction box under the officer's station in the Echo housing unit, and according to the National Fire Protection Association's National Electrical Code, a facility must cover all junction boxes. ODO interviewed the maintenance supervisor and confirmed the junction box contained energized electrical wires (**Deficiency EHS-57¹⁶**).

USE OF FORCE (UOF)

ODO interviewed the facility's training lieutenant and a deputy warden, reviewed the files of two immediate use of force (IUOF) incidents, which occurred during the review period, and found staff did not immediately obtain a video camera and record the IUOF incidents. Specifically, ODO found staff did not obtain a video camera and record the incidents. ODO determined delays in stabilizing the situations would not have constituted serious hazards to the detainees, staff, or others, nor would they have resulted in major disturbances nor serious property damage. ODO found the facility relied on footage from stationary cameras with no audio and later downloaded for inclusion in the IUOF files (**Deficiency UOF-94¹⁷**).

HEALTH SERVICES

MEDICAL CARE (MC)

ODO reviewed █ detainee health records and found neither a physician, physician's assistant, nor NP performed initial dental screenings. Specifically, ODO found in █ out of █ records, an RN performed initial dental screenings (**Deficiency MC-51¹⁸**). **This is a repeat deficiency.**

ODO interviewed the HSA and ERO Philadelphia, reviewed a CCCF adverse clinical event form, and found the facility did not distribute medication according to the specific instructions and procedures established by the health care provider's policy. Specifically, on June 27, 2022, an RN provided a detainee with non-prescribed medication. Before the RN recognized the error the detainee had already swallowed the medication (**Deficiency MC-74¹⁹**).

¹⁵ "Every area will maintain a running inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(A).

¹⁶ "Every facility will comply with standards and regulations issued by the Environmental Protection Agency (EPA) and OSHA, the American Correctional Association's "mandatory" standards, local and national fire safety codes, and the applicable standards of the American Society for Testing and Materials, American National Standards Institute, and Underwriters' Laboratories or Factory Mutual Engineering Corporation." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(1).

¹⁷ "Staff shall immediately obtain and record with a video camera any use-of-force incident, unless such a delay in bringing the situation under control would constitute a serious hazard to the detainee, staff, or others, or would result in a major disturbance or serious property damage." See ICE NDS 2000, Standard, Use of Force, Section (III)(J)(3).

¹⁸ "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).

¹⁹ "Distribution of medication will be according to the specific instructions and procedures established by the health care provider." See ICE NDS 2000, Standard, Medical Care, Section (III)(I).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 19 standards under NDS 2000 and found the facility in compliance with 12 of those standards. ODO found 13 deficiencies in the remaining 7 standards. ODO recommends ERO Philadelphia work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the UCAP for ODO's last inspection of CCCF in January 2022.

Compliance Inspection Results Compared	First FY 2022 (NDS 2000)	Second FY 2022 (NDS 2000)
Standards Reviewed	22	19
Deficient Standards	4	7
Overall Number of Deficiencies	6	13
Repeat Deficiencies	2	2
Areas Of Concern	1	2
Corrective Actions	0	0
Facility Rating	Superior	N/A