



U.S. Department of Homeland Security
U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
Inspections and Detention Oversight Division
Washington, DC 20536-5501

**Office of Detention Oversight
Compliance Inspection**

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

**Clinton County Correctional Facility
Lock Haven, Pennsylvania**

January 3-6, 2022

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

TABLE OF CONTENTS

FACILITY OVERVIEW	4
COMPLIANCE INSPECTION PROCESS	5
FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES.....	6
DETAINEE RELATIONS	7
COMPLIANCE INSPECTION FINDINGS	7
DETAINEE SERVICES.....	7
Admission and Release	7
Food Service	7
Funds and Personal Property	7
SECURITY AND CONTROL	8
Environmental Health and Safety	8
HEALTH SERVICES	8
Medical Care.....	8
CONCLUSION	8

COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead

Inspections and Compliance Specialist

Inspections and Compliance Specialist

Contractor

Contractor

Contractor

Contractor

ODO

ODO

ODO

Creative Corrections

Creative Corrections

Creative Corrections

Creative Corrections

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 January 3 to 6, 2022.¹ 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 operations 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 not hold 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 January 3, 2022)	█
Female Detainee Population (as of January 3, 2022)	█

During its last inspection, in Fiscal Year (FY) 2021, ODO found eight deficiencies in the following areas: Admission and Release (2); Emergency Plans (2); Environmental Health and Safety (2); and Medical Care (2).

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 January 3, 2022.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, 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. 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 its 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 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected ^{5,6}	Deficiencies
Part 1 – Detainee Services	
Admission and Release	1
Correspondence and Other Mail	0
Detainee Classification System	0
Food Service	0
Funds and Personal Property	1
Group Presentations on Legal Rights	0
Issuance and Exchange of Clothing, Bedding and Towels	0
Marriage Requests	0
Non-Medical Emergency Escorted Trips	0
Voluntary Work Program	0
Sub-Total	2
Part 2 – Security and Control	
Detention Files	0
Detainee Transfers	0
Emergency Plans	0
Environmental Health and Safety	2
Post Orders	0
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	0
Sub-Total	2
Part 3 – Health Services	
Hunger Strikes	0
Medical Care	2
Suicide Prevention and Intervention	0
Sub-Total	2
Other Standards Reviewed	
NDS 2019 Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	0
Total Deficiencies	6

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

⁶ 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 inspections.

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 concern listed below. ODO attempted to conduct detainee interviews via video teleconference; however, ERO Philadelphia and the facility were not able to accommodate this request due to technology issues. As such, ODO conducted the detainee interviews via telephone.

Medical Care: One detainee stated he made multiple requests to see a doctor for heart and lung concerns but facility medical staff refused to make an appointment for him.

- Action Taken: ODO confirmed through the health services administrator (HSA) a registered nurse (RN) examined the detainee for his heart and lungs on June 9, 2021, and found all vital signs within normal limits and no concerns about his heart. The RN provided the detainee an inhaler to control his asthma. On July 7, 2021, the facility medical staff examined the detainee for asthma and prescribed nebulizer treatments and continued use of an inhaler to control his asthma. The medical staff advised the detainee to follow-up as needed at sick call.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ADMISSION AND RELEASE (AR)

ODO reviewed █ detainee detention files and found in █ out of █ files, the facility did not document strip searches of detainees with reasonable suspicion of a concealed weapon or contraband. Additionally, █ out of █ files did not contain documentation of supervisory approval for conducting a strip search (**Deficiency AR-10⁷**). **This is a repeat deficiency.**

FOOD SERVICE (FS)

ODO reviewed the facility's FS policy and ventilation hood inspection logs and found a qualified contractor did not inspect the hoods every 6 months. Specifically, a contractor last inspected the ventilation hoods on February 18, 2021. The facility provided ODO a memorandum, dated January 6, 2022, stating the ongoing COVID-19 pandemic prevented qualified contractors from conducting ventilation hood inspections. ODO noted the lapse of biannual ventilation hood inspections as an **Area of Concern**.

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed the facility's FPP policy and facility detainee handbook and found the handbook did not notify detainees of the facility's policies and procedures for detainees retaining personal property (**Deficiency FPP-89⁸**).

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." See Change Notice – Strip Search Guidelines for Admission and Release – April 14, 2003.

⁸ "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the deputy warden, reviewed five fire drill logs, and found each department did not conduct and separately document monthly fire drills. Specifically, the facility only conducted one fire drill per month in one area of the facility (**Deficiency EHS-65⁹**).

ODO interviewed the deputy warden, reviewed five fire drill logs, and found in three out of five fire drills, the facility did not evacuate detainees from logistically feasible areas (**Deficiency EHS-67¹⁰**).

HEALTH SERVICES

MEDICAL CARE (MC)

ODO interviewed the HSA, reviewed █ detainee medical records, and found in █ out of █ records, the facility did not perform any initial dental screening exams of detainees (**Deficiency MC-50¹¹**).

ODO interviewed the HSA, reviewed █ detainee medical records, and found in █ out of █ records, a physician, physician's assistant or nurse practitioner did not perform the initial dental screening exams in the absence of an on-site dentist (**Deficiency MC-51¹²**). **This is a repeat deficiency.**

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 21 standards under NDS 2000 and 1 standard under NDS 2019 and found the facility in compliance with 18 of those standards. ODO found six deficiencies in the remaining four 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 uniform corrective action plan for ODO's last inspection of CCCF in July 2021.

personal property, including:

1. Which items they may retain in their possession." *See* ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(J)(1-5).

⁹ "Monthly fire drills will be conducted and documented separately in each department." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4).

¹⁰ "Detainees will be evacuated during fire drills, except in areas where security would be jeopardized or in medical areas where patient health could be jeopardized or, in individual cases when evacuation of patients is logistically not feasible." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(b).

¹¹ "An initial dental screening exam should be performed within 14 days of the detainee's arrival." *See* ICE NDS 2000, Standard, Medical Care, Section (III)(E).

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).

Compliance Inspection Results Compared	FY 2021 (NDS 2000)	FY 2022 (NDS 2000)/ (NDS 2019)
Standards Reviewed	12	21/1
Deficient Standards	4	4
Overall Number of Deficiencies	8	6
Repeat Deficiencies	N/A	2
Areas of Concern	1	1
Corrective Actions	0	0
Facility Rating	N/A	Superior