



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

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**Office of Detention Oversight  
Follow-Up Compliance Inspection  
2023-002-205**

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

**Clinton County Correctional Facility  
McElhatten, Pennsylvania**

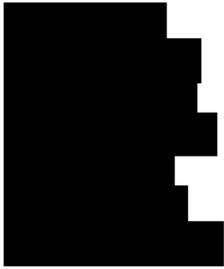
**September 12-14, 2023**

**FOLLOW-UP COMPLIANCE INSPECTION**  
**of the**  
**CLINTON COUNTY CORRECTIONAL FACILITY**  
McElhatten, Pennsylvania

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## **FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS**



Team Lead	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections

## 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 McElhatten, Pennsylvania, from September 12 to 14, 2023.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last inspection of CCCF from January 10 to 12, 2023. 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). ICE is an authorized user of CCCF under a United States Marshals Service intergovernmental agreement contract, which does not specify any ICE National Detention Standards (NDS), and ODO inspected to the NDS listed on the ERO Facility List as of September 11, 2023. CCCF was inspected against the NDS 2000 and ODO’s assigned rating is for ERO’s informational purposes only.

[REDACTED] A warden handles daily facility operations and manages [REDACTED] 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 <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of September 12, 2023)	[REDACTED]
Adult Female Population (as of September 12, 2023)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2023, ODO found 11 deficiencies in the following areas: Admission and Release (1); Disciplinary Policy (1); Medical Care (3); Recreation (2); Suicide Prevention and Intervention (1); Tool Control (2); and Use of Force (1).

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

<sup>2</sup> Data Source: ERO Facility List as of September 11, 2023, and onsite observations.

<sup>3</sup> *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.<sup>4</sup>

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which may include but are not limited to Medical Care, Terminal Illness and Death, 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.

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<sup>4</sup> ODO reviews the facility's compliance with selected standards in their entirety.

## FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected <sup>5,6</sup>	Deficiencies
<b>Part 1 - Detainee Services</b>	
Admission and Release	1
Detainee Classification System	4
Detainee Grievance Procedures	0
Food Service	3
Funds and Personal Property	0
Recreation	0
Staff-Detainee Communication	1
Telephone Access	0
<b>Sub-Total</b>	<b>9</b>
<b>Part 2 - Security and Control</b>	
Disciplinary Policy	0
Emergency Plans	0
Environmental Health and Safety	1
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Tool Control	0
Use of Force	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 3 - Health Services</b>	
Medical Care	0
Suicide Prevention and Intervention	1
Terminal Illness, Advance Directives and Death	0
<b>Sub-Total</b>	<b>1</b>
<b>Total Deficiencies</b>	<b>11</b>

<sup>5</sup> For greater detail on ODO's findings, see the *Follow-up Compliance Inspection Findings* section of this report.

<sup>6</sup> 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.

## DETAINEE RELATIONS

ODO interviewed 24 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.

*Medical Care:* One detainee stated he has not received his requested eyeglasses due to his blurred vision.

- Action Taken: ODO interviewed the facility medical staff, reviewed the detainee’s medical record, and found the detainee arrived at the facility on August 11, 2023. On August 18, 2023, the detainee submitted a medical request stating his trouble seeing things from a distance and a request for glasses. On August 19, 2023, facility medical staff conducted an eye exam and confirmed his need for an optometrist appointment. On September 13, 2023, ODO confirmed the detainee’s appointment with an outside optometrist for September 25, 2023. On September 26, 2023, ODO followed-up with the facility and found ICE deported the detainee on September 15, 2023.

## FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

### DETAINEE SERVICES

#### ADMISSION AND RELEASE (AR)

ODO interviewed the compliance manager, reviewed the Request Accounting Information form, reviewed two detainee requests for replenishment, and found the facility did not replenish supplies as needed. Specifically, the compliance manager verified facility staff replenish detainees with personal hygiene items after 14 days from arrival at the facility. Additionally, ODO reviewed two detainee requests for replenishment, and both received a response stating, “Hygiene kits are issued every 14 days from the day you come in” (**Deficiency AR-28**<sup>7</sup>).

#### DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO reviewed ■ active detainee files and the current housing unit roster, interviewed the manager of treatment services, and found the following deficiencies:

- The reviewing officer did not ensure assignment of each detainee to the appropriate housing unit. Specifically, staff assigned one Level-1<sup>8</sup> detainee and three Level-3 detainees to housing unit H (**Deficiency DCS-20**<sup>9</sup>);
- The facility did not ensure they housed detainees according to classification levels.

<sup>7</sup> “They will replenish supplies as needed.” See ICE NDS 2000, Standard, Admission and Release, Section (III)(G).

<sup>8</sup> Onsite observations revealed the facility held one male detainee with a low security classification level for a period greater than 72 hours.

<sup>9</sup> “Among other things, the reviewing officer shall ensure that each detainee has been assigned to the appropriate housing unit.” See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(C).

Specifically, staff assigned one Level-1 detainee and three Level-3 detainees to housing unit H (**Deficiency DCS-25<sup>10</sup>**). **This is a priority component;**

- Staff assigned one Level-1 detainee and three Level-3 detainees to housing unit H (**Deficiency DCS-30<sup>11</sup>**); and
- Available housing space required the facility to house detainees with different classifications together; however, facility staff housed Level-3 and Level-1 detainees together (**Deficiency DCS-36<sup>12</sup>**).

## FOOD SERVICE (FS)

ODO interviewed the food service manager (FSM), observed eight satellite-meal areas and microwaves in eight housing units, and found staff did not post microwave instructions in eight out of eight satellite-meal areas (**Deficiency FS-259<sup>13</sup>**).

*Corrective Action:* Prior to completion of the inspection, the facility initiated corrective action by posting the instructions in all housing units, providing training, issuing a memo to facility staff for all posted microwave instructions to be in English and Spanish, and implementing daily procedures to prevent recurrence of this deficiency. Specifically, the supervisors will check each day to ensure proper posting of microwave instructions in all units (**C-1**).

ODO interviewed the FSM, reviewed the FS program, observed three walk-in boxes in the FS department, and found doors to the freezer and refrigeration units did not open due to malfunctioning interior-release mechanisms. Specifically, the hasp-type latches did not open with the same amount of pressure on the interior release-mechanism after locking the latches in place for #1 walk-in freezer, #2 walk-in refrigeration unit-right-side, and #2 walk-in refrigeration unit-left-side (**Deficiency FS-454<sup>14</sup>**).

ODO interviewed the FSM, reviewed the FS program, observed three walk-in boxes in the FS department, and found the doors remained locked and prevented exiting. Specifically, the inside lever did not disengage hasp-type locks for the #1 walk-in freezer and the #2 walk-in refrigeration

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<sup>10</sup> “All facilities shall ensure that detainees are housed according to their classification level.” See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(E).

<sup>11</sup> “1. Level 1 Classification:

a. May not be housed with Level 3 Detainees.”

See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(E)(1)(a).

<sup>12</sup> “When it becomes necessary to house detainees of different classification levels the following guidelines shall be followed:

1. Level three detainees will not be housed with level one detainees.”

See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(F)(1).

<sup>13</sup> “Satellite-feeding and microwave instructions (if applicable) shall be posted in satellite-feeding areas.” See ICE NDS 2000, Standard, Food Service, Section (III)(G)(1).

<sup>14</sup> “If latches and locks are incorporated in the door’s design and operation incorporates the interior release-mechanism must open the door with the same amount of pressure even when locks or bars are in place.” See ICE NDS 2000, Standard, Food Service, Section (III)(J)(7)(b).

unit (**Deficiency FS-455**<sup>15</sup>).

### **STAFF-DETAINEE COMMUNICATION (SDC)**

ODO interviewed facility and ERO Philadelphia staff and found ERO Philadelphia staff did not consistently document visits to the facility. Specifically, ERO Philadelphia staff members documented visits by signing into the visitor log at the entrance to the facility; however, when entering through the sally port, they did not sign nor document their visits (**Deficiency SDC-8**<sup>16</sup>).

*Corrective Action:* Prior to completion of the inspection, the facility initiated corrective action by providing training, issuing a memo to facility staff concerning ICE admittance into the facility, and implementing a procedure requiring ERO Philadelphia staff to sign in when conducting visits to ensure they are all documented (**C-2**).

## **SECURITY AND CONTROL**

### **ENVIRONMENTAL HEALTH AND SAFETY (EHS)**

ODO interviewed the facility safety manager, reviewed the EHS policy, observed eight detainee housing units, and found in four out of eight housing units, the facility did not maintain environmental health conditions at a level meeting recognized standard of hygiene. Specifically, ODO observed: towels and blankets draped over handrails in common areas of housing units E, F, H, and I; dust accumulation on top of air conditioning ducts in housing unit F; clotheslines and ripped clothing hanging in housing unit E, cell 4; and uneaten food from previous meals in housing unit E, cell 16 (**Deficiency EHS-127**<sup>17</sup>).

*Corrective Action:* Prior to completion of the inspection, the facility initiated corrective action by cleaning the areas found to have deficient sanitation conditions, providing training, issuing a memo to all facility staff concerning unit cleanliness, and implementing daily procedures to prevent recurrence of these conditions (**C-3**).

## **HEALTH SERVICES**

### **SUICIDE PREVENTION AND INTERVENTION (SPI)**

ODO reviewed 6 suicide watch logs and found in 6 out of 6 logs, the facility did not document continuous monitoring every 15-minutes. Specifically, ODO found all 6 suicide watch logs contained staff-documented observations of imminently suicidal detainees between 16 and 59 minutes (**Deficiency SPI-17**<sup>18</sup>).

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<sup>15</sup> “Whether new or after-market, the inside lever of a hasp-type lock must be able to disengage locking devices and provide egress.” See ICE NDS 2000, Standard, Food Service, Section (III)(J)(7)(b).

<sup>16</sup> “Each facility shall develop a method to document the unannounced visits, and ICE will document visits to IGSA’s.” See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(A)(1).

<sup>17</sup> “Environmental health conditions will be maintained at a level that meets recognized standards of hygiene.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(R)(1).

<sup>18</sup> “Observation of imminently suicidal detainees by medical or detention staff shall occur no less than every 15 minutes. The CD may recommend constant direct supervision.” See ICE NDS 2000, Standard, Suicide Prevention

## CONCLUSION

During this follow-up inspection, ODO assessed the facility's compliance with 18 standards under NDS 2000 and found the facility in compliance with 12 of those standards. ODO found 11 deficiencies in the remaining 6 standards. Since the facility's last full inspection in January 2023, the facility has maintained consistent performance. The facility went from 7 deficient standards and 11 deficiencies in January 2023 to 6 deficient standards and 11 deficiencies during this most recent inspection, which includes 1 priority component deficiency for not housing detainees according to their classification level. ERO Philadelphia provided ODO with the UCAP for ODO's last inspection of CCCF in January 2023, which likely contributed to the facility having no repeat deficiencies during this follow-up inspection. ODO recommends ERO Philadelphia continue to work with the facility to resolve the remaining deficiencies in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2023 Full Inspection (NDS 2000/NDS 2019)</b>	<b>FY 2023 Follow-Up Inspection (NDS 2000)</b>
Standards Reviewed	24	18
Deficient Standards	7	6
Overall Number of Deficiencies	11	11
Priority Component Deficiencies	3	1
Repeat Deficiencies	1	0
Areas Of Concern	1	0
Corrective Actions	0	3
Facility Rating	Good	N/A

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and Intervention, Section (III)(C).