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Office of Professional Responsibility
ICE Inspections
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Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Philadelphia Field Office

Moshannon Valley Processing Center
Philipsburg, Pennsylvania

February 28-March 2, 2023

COMPLIANCE INSPECTION
of the
MOSHANNON VALLEY PROCESSING CENTER
Philipsburg, Pennsylvania

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COMPLIANCE INSPECTION TEAM MEMBERS

[redacted]	Acting Team Lead	ODO
	Senior Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
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	Unit Chief	ODO
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	Observer	ODO
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	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 compliance inspection of the Moshannon Valley Processing Center (MVPC) in Philipsburg, Pennsylvania, from February 28 to March 2, 2023.[1] The facility opened in 2006 and is owned and operated by The GEO Group, Inc. (GEO). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at MVPC in 2021 under the oversight of ERO's Field Office Director in Philadelphia (ERO Philadelphia). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned deportation officers and supervisory detention and deportation officers to the facility full-time, Monday through Friday. A facility administrator handles daily operations and manages [redacted] support personnel. GEO provides food services and medical care, and Keefe Commissary provides commissary services at the facility. On January 28, 2023, the facility was accredited by the American Correctional Association.

Capacity and Population Statistics	Quantity
ICE Bed Capacity[2]	[redacted]
Average ICE Population[3]	[redacted]
Adult Male Population (as of February 28, 2023)	[redacted]
Adult Female Population (as of February 28, 2023)	[redacted]

During its last full inspection, in Fiscal Year (FY) 2022, ODO found six deficiencies in the following areas: Admission and Release (1); Funds and Personal Property (4); and Significant Self-harm and Suicide Prevention and Intervention (1).

[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 February 27, 2023.
[3] *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, and where detainees are housed for over 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 highlights instances when 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 their decision-making to better allocate resources across the agency's entire detention inventory.

[4] ODO reviews the facility's compliance with selected standards in their entirety.

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES

PBNDS 2011 (Revised 2016) Standards Inspected[5,6]	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	0
Transportation (By Land)	0
Sub-Total	**0**
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Contraband	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Key and Lock Control	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Tool Control	0
Use of Force and Restraints	6
Sub-Total	**6**
Part 3 - Order	
Disciplinary System	0
Sub-Total	**0**
Part 4 - Care	
Food Service	0
Medical Care	0
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Terminal Illness, Advance Directives and Death	0
Disability Identification, Assessment, and Accommodation	1
Sub-Total	**1**
Part 5 - Activities	
Correspondence and Other Mail	0
Recreation	0

[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 standards.

Visitation	0
Voluntary Work Program[7]	1
Sub-Total	**1**
Part 6 - Justice	
Detainee Handbook	0
Sub-Total	**0**
Part 7 - Administration and Management	
Staff Training	0
Sub-Total	**0**
Total Deficiencies	**8**

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 concerns listed below.

[redacted]

- [redacted]

Law Libraries and Legal Materials: One detainee stated facility staff denied him access to the tablets and had not updated the legal material on the law library computers in 6 months.

- Action Taken: ODO reviewed the detainee's file and found on February 7, 2023, facility staff housed the detainee in the Special Management Unit (SMU) administrative segregation, pending a review of an incident report in which the detainee refused to leave the housing unit during a fire drill. On February 9, 2023, facility staff found the detainee guilty of the violation and transferred him to disciplinary segregation (DS) and restricted his access to the phone and tablet. The detainee will remain in DS until May 23, 2023, pending decision on an additional five incident reports for violations on March 21, 2023. ODO interviewed the facility compliance manager and found the detainee still had access to the tablet, but the facility blocked the entertainment options. ODO also confirmed the facility last updated the law library computers on November 11, 2022. ODO found the detainee submitted a law library request on February 27, 2023, and the facility scheduled the detainee for 5 hours of law

[7] The deficiency cited under the Voluntary Work Program standard was identified while conducting detainee interviews, the Voluntary Work Program standard was not reviewed in its entirety.

library use on March 3, 2023. According to the SMU housing record and confirmed by the facility law librarian, the detainee accessed the law library on March 2, 2023, from 1-6 p.m.

Medical Care: One detainee stated his concern over no response from the medical staff to his sick call request for tooth pain.

- Action Taken: ODO interviewed the health services administrator, reviewed the detainee's medical file, and confirmed the detainee arrived at the facility on November 18, 2022, and reported a chronic tooth issue to a facility registered nurse (RN) during intake. The RN referred the detainee to the facility dentist, but the detainee tested positive for COVID-19 and went into isolation until December 6, 2022. A facility dentist examined the detainee on the following day, found a fractured crown with no tooth decay, and scheduled the detainee's next appointment for December 19, 2022. During a sick call visit on December 12, 2022, an RN evaluated the detainee for tooth pain, found no signs of infection, and prescribed Motrin for the pain. On December 19, 2022, the patient consented to the procedure and the dentist repaired the crown with no complications. On March 2, 2023, the dentist evaluated the detainee, and the detainee stated he had another broken molar on the same side but had no pain. On March 7, 2023, the dentist completed a second crown repair with no complications.

Special Management Units: One detainee stated facility staff placed him in the SMU with no justification for almost 24 days.

- Action Taken: ODO reviewed the detainee's file and disciplinary record and found the facility staff placed the detainee in AS on January 31, 2023, because his Sexual Abuse and Assault Prevention and Intervention Risk Assessment indicated a likelihood for abusiveness. Due to COVID-19 quarantine protocols and safety concerns, facility staff removed him from his housing unit and placed him in AS, given no other viable options. The staff provided him with a copy of the AS order and explained the reason for placement in AS. On February 21, 2023, facility staff released him from AS to the general population.

Voluntary Work Program: Two detainees stated the facility did not pay them according to the Voluntary Work Program (VWP).

- Action Taken: ODO interviewed facility leadership and found a lapse in the VWP payment process due to no VWP coordinator on staff to manage the program. On March 1, 2023, ODO reviewed detainee accounts and confirmed the facility distributed all overdue payments to detainees. A new VWP coordinator implemented procedures to ensure daily processing of timecards by a twice daily pick up of timecards from the main control unit.

COMPLIANCE INSPECTION FINDINGS

SECURITY

USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed the facility's use of force (UOF) policy and an after-action report (AAR) , observed an audio-video recording of an immediate UOF incident, and found a responding facility staff member used more force than necessary while attempting to gain control of a detainee during a physical altercation with another detainee on November 22, 2022 **(Deficiency UOFR-7[8])**.

ODO reviewed the facility's UOF policy and an AAR, observed an audio-video recording of an immediate UOF incident, and found a responding staff member placed a detainee in a choke hold while attempting to gain control of the detainee during a physical altercation with another detainee on November 29, 2022 **(Deficiency UOFR-33[9])**.

ODO reviewed the facility's UOF policy, observed an audio-video recording of a calculated use of force (CUOF) incident, and found team protective gear did not include a full-body shield and one staff member put himself at risk by removing his helmet and gas mask before the team resolved the situation **(Deficiency UOFR-44[10])**.

> *Corrective Action:* Prior to the inspection, the facility self-identified the deficiency during their AAR and initiated corrective action. On February 15, 2023, the facility administrator and chief of security provided additional training specifically to all shift supervisors as team leads **(C-1)**.

ODO reviewed the facility's UOF policy, a CUOF file, an AAR, and an audio-video recording, and found no documented review of the detainee's medical file prior to the use of chemical agents to determine any possible aggravation of a medical condition with the use of Oleoresin Capsicum (OC) spray **(Deficiency UOFR-53[11])**.

> *Corrective Action:* Prior to the inspection, the facility self-identified the deficiency during their AAR and initiated corrective action. The facility created a standardized form to

[8] "Staff shall use only that amount of force necessary and reasonable to gain control of a detainee." *See* ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(B)(4).

[9] "The following acts and techniques are specifically prohibited unless deadly force would be authorized:

1. Choke holds, carotid control holds and other neck restraints;"

See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(E)(1) [sic].

[10] "Staff shall wear protective gear when restraining aggressive detainees with open cuts or wounds. If force is necessary, protective gear shall include a full-body shield." *See* ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(F)(2).

[11] "When possible, medical staff shall review the detainee's medical file for a disease or condition that an intermediate force weapon could seriously exacerbate, including, but not limited to, asthma, emphysema, bronchitis, tuberculosis, obstructive pulmonary disease, angina pectoris, cardiac myopathy or congestive heart failure." *See* ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(G)(3).

document the review of the detainee's medical file and the pre-authorization of the use of OC spray. During the week of February 23, 2023, the facility medical staff and shift supervisors trained on the new procedure **(C-2)**.

ODO reviewed the facility's UOF policy, a CUOF file, an AAR, and audio-video recording, and found, a facility medical staff member did not provide a written detailed memorandum of his actions during the CUOF incident on February 6, 2023 **(Deficiency UOFR-138[12])**.

ODO interviewed the special investigative supervisor, reviewed the facility's UOF policy, a CUOF file, an AAR, and audio-video recording, and found no AAR-team review nor investigation of any breaks or sequences missing from the audiovisual record of the CUOF incident on February 6, 2023 **(Deficiency UOFR-169[13])**.

CARE

DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIAA)

ODO toured 14 detainee housing units and found in 9 out of 14 units, no posted disability accommodation documents for detainee awareness **(Deficiency DIAA-72[14])**.

ACTIVITIES

VOLUNTARY WORK PROGRAM (VWP)

ODO reviewed the facility's VWP policy and detainee timesheets, interviewed the VWP coordinator, and found detainees had not received daily monetary compensation for work completed from February 25-27, 2023 **(Deficiency VWP-38[15])**.

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 26 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 23 of those standards. ODO found eight deficiencies in the remaining three standards. Since MVPC's last full inspection in April 2022, the facility's overall compliance with the ICE PBNDS 2011 (Revised 2016) has trended slightly down. MVPC went from three deficient standards and six deficiencies in April 2022 to three deficient standards and eight deficiencies during this most recent inspection. ODO did not

[12] "Each staff member shall complete a memorandum for the record to be attached to the original Use of Force form." *See* ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(O)(2).
[13] "The review team shall investigate any breaks or sequences missing from the audiovisual record." *See* ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(P)(4)(k).
[14] "The facility will post other documents for detainee awareness in detainee living areas and in the medical unit, as requested by the local ICE/ERO Field Office." *See* ICE PBNDS 2011 (Revised 2011), Standard, Disability Identification, Assessment, and Accommodation, Section (V)(J).
[15] "Detainees shall receive monetary compensation for work completed in accordance with the facility's standard policy." *See* ICE PBNDS 2011 (Revised 2016), Standard, Voluntary Work Program, Section (V)(K).

review the DIAA and VWP standards during the April 2022 full inspection as they were not FY 2022 core standards, and these standards accounted for two out of eight deficiencies found during this most recent inspection. The remaining six deficiencies were found in the UOF standard, which had no deficiencies in FY 2022. ODO has not received a completed uniform corrective action plan for the full inspection in April 2022 nor the follow-up inspection in September 2022, so ODO was unable to assess the overall effectiveness of the facility's corrective actions taken following the FY 2022 inspections, but notes there were no repeat deficiencies in the Admission and Release, Funds and Personal Property, and Significant Self-harm and Suicide Prevention and Intervention standards. ODO recommends ERO Philadelphia continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	**FY 2022 Full Inspection (PBNDS 2011) (Revised 2016)**	**FY 2023 Full Inspection (PBNDS 2011) (Revised 2016)**
Standards Reviewed	24	26
Deficient Standards	3	3
Overall Number of Deficiencies	6	8
Priority Component Deficiencies	N/A	0
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	1
Facility Rating	Superior	Superior