



**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  
Unannounced Follow-Up  
Compliance Inspection  
2023-005-147**

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

**Moshannon Valley Processing Center  
Philipsburg, Pennsylvania**

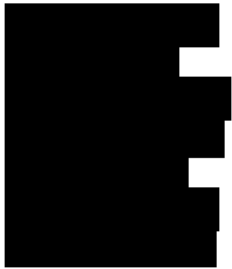
**August 15-17, 2023**

**UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION**  
**of the**  
**MOSHANNON VALLEY PROCESSING CENTER**  
Philipsburg, Pennsylvania

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



Team Lead	ODO
Inspections and Compliance Specialist	ODO
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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 an unannounced follow-up compliance inspection of the Moshannon Valley Processing Center (MVPC) in Philipsburg, Pennsylvania, from August 15 to 17, 2023.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last inspection of MVPC from February 28 to March 2, 2023. 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).

[REDACTED] 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. The facility was accredited by the American Correctional Association in January 2023 and the National Commission on Correctional Health Care in July 2023. In March 2023, MVPC was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS 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 August 15, 2023)	[REDACTED]
Adult Female Population (as of August 15, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found eight deficiencies in the following areas: Disability Identification, Assessment, and Accommodation (1); Use of Force and Restraints (6); and Voluntary Work Program (1).

<sup>1</sup> This facility holds male and female detainees with low, 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 August 15, 2023.

<sup>3</sup> *Ibid.*

## **UNANNOUNCED 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 unannounced 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, 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.

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<sup>4</sup> 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 <sup>5,6</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Emergency Plans	0
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	1
Funds and Personal Property	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 4 - Care</b>	
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 <sup>7</sup>	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 5 - Activities</b>	
Telephone Access	0
Voluntary Work Program <sup>8</sup>	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 - Justice</b>	
Grievance System	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>1</b>

<sup>5</sup> For greater detail on ODO's findings, see the *Unannounced 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.

<sup>7</sup> ODO verified the facility corrected previous deficiencies in this standard; however, ODO did not review this standard in its entirety.

<sup>8</sup> *Ibid.*

## DETAINEE RELATIONS

ODO interviewed 25 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.

*Medical Care:* One detainee stated his dissatisfaction with the facility's treatment of his stomach pains.

- Action Taken: ODO interviewed the facility health services administrator (HSA), reviewed the detainee's medical file, and found the detainee arrived at the facility on May 25, 2023, with pre-existing diabetes. The facility medical staff prescribed a daily dose of Humulin N (25 units) and then Humulin N again (18 units), as needed for glucose fluctuations. Medical staff also scheduled him for ongoing monthly chronic care visits. On July 8, 2023, the detainee declined his chronic care appointment but submitted a sick call request for stomach pain. On the same day, medical staff diagnosed him with gastroesophageal reflux disease and prescribed Prilosec (20 mg), daily, for 180 days. On August 3, 2023, the detainee again declined his monthly chronic care appointment. On August 17, 2023, a nurse practitioner (NP) evaluated the detainee at ODO's request and found the detainee did not understand why medical staff summoned him when he no longer had stomach pain. The NP scheduled the detainee for blood work on August 24, 2023, and reminded him of his next chronic care appointment on August 30, 2023.

*Medical Care:* One detainee stated he had foot pain but could not communicate with medical staff in his native language of Wolof.

- Action Taken: ODO interviewed the HSA, reviewed the detainee's medical file, and confirmed his arrival to the facility on August 1, 2023, and his initial medical screening on the same day with no complaints noted about foot pain. The facility medical staff attempted to obtain a Wolof interpreter through three different language services but found another detainee to assist in translating. On August 8, 2023, the facility conducted the detainee's 14-day comprehensive medical examination with a Wolof interpreter, and he did not complain of any feet discomfort. On August 17, 2023, at ODO's request, a facility registered nurse examined the detainee with the assistance of a Wolof interpreter. The detainee stated he did not have any feet discomfort but did have back pain, and medical staff prescribed ibuprofen (200 mg), twice a day, for five days. Medical staff also advised him to refrain from any heavy lifting and strenuous activity and to submit a sick call request if his pain persisted. The detainee acknowledged understanding.

*Religious Practices:* One detainee stated he never requested a halal diet for his Muslim faith because he believed the facility served only halal food.

- Action Taken: ODO interviewed the facility compliance administrator, reviewed the detainee’s detention history, and confirmed the detainee stated his allergies to beef and shrimp during his initial intake screening on July 18, 2023, and medical staff’s action to prescribe him a therapeutic diet on the same day. On August 16, 2023, following the ODO interview, the detainee submitted a request for a halal diet and informed medical staff he could consume beef. On the following day, the facility chaplain and medical staff approved a halal diet request with a shrimp allergy restriction.

## **UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION FINDINGS**

### **SECURITY**

#### **FACILITY SECURITY AND CONTROL (FSC)**

ODO reviewed the perimeter officer’s vehicle entrance log and found it did not include columns for a vehicle’s represented firm nor vehicle contents (**Deficiency FSC-59<sup>9</sup>**).

*Corrective Action:* On August 16, 2023, the facility chief of security (COS) updated the vehicle log template to include all required information and implemented the new log at the vehicle entrance on the same day (**C-1**).

ODO interviewed the facility COS, observed facility postings, and found the facility provided staff with a “Weekly Security Newsletter” to convey ongoing guidance for operational safety and security protocols, policy changes, and departmental areas of improvement. The newsletter additionally focused on procedural reminders regarding security inspections, counts, incident reports, emergency procedures, staff-detainee communication, and other relevant departmental issues to maximize and enhance facility security and control. ODO identified this newsletter as a **Best Practice**.

#### **USE OF FORCE AND RESTRAINTS (UOFR)**

ODO reviewed UOFR video documentation for two immediate UOFR incidents occurring in general population and found the facility response team did not clear other detainees from the immediate area during the UOFR incidents, resulting in escalated detainee tensions, an increased safety and security risk, and a facility officer assaulted by a detainee. Although the facility identified this practice as an area for improvement in their own after-action review findings, ODO

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<sup>9</sup> “The post officer shall log the following information regarding every vehicle: tag number, driver’s name, firm represented, purpose of the visit, (e.g., repairs, delivery, etc.), vehicle contents, date, time in, time out and facility employee responsible for the vehicle on-site.” See ICE PBNDS 2011 (Revised 2016), Standard, Facility Security and Control, Section (V)(C)(2)(b).



noted the multiple occurrences as an **Area of Concern**.

## CONCLUSION

During this unannounced follow-up compliance inspection, ODO assessed the facility’s compliance with 18 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 17 of those standards. ODO found one deficiency in the remaining one standard. Since MVPC’s last full inspection in March 2023, the facility has shown steady improvement, especially in the UOFR standard. MVPC went from three deficient standards and eight deficiencies in March 2023 to one deficient standard and one deficiency during this most recent inspection and corrected the deficiency during the inspection. The facility completed a UCAP for ODO’s last inspection of MVPC in March 2023, which likely contributed to the facility having no repeat deficiencies during this unannounced follow-up inspection. ODO recommends ERO Philadelphia continue working with the facility to ensure they maintain their high-level of compliance with the PBNDS 2011 (Revised 2016).

<b>Compliance Inspection Results Compared</b>	<b>FY 2023 Full Inspection (PBNDS 2011) (Revised 2016)</b>	<b>FY 2023 Follow-Up Inspection (PBNDS 2011) (Revised 2016)</b>
Standards Reviewed	26	18
Deficient Standards	3	1
Overall Number of Deficiencies	8	1
Priority Component Deficiencies	0	0
Repeat Deficiencies	0	0
Areas Of Concern	0	1
Corrective Actions	2	1
Facility Rating	Superior	N/A