



**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  
Compliance Inspection  
2024-001-251**

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

**Moshannon Valley Processing Center  
Philipsburg, Pennsylvania**


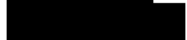
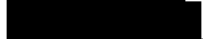
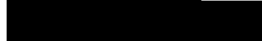
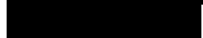
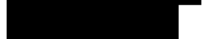
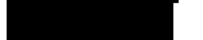
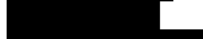
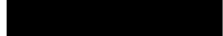
**March 5-7, 2024**

**COMPLIANCE INSPECTION**  
**of the**  
**MOSHANNON VALLEY PROCESSING CENTER**  
Philipsburg, Pennsylvania

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## COMPLIANCE INSPECTION TEAM MEMBERS

	Team Lead	ODO
	Senior Inspections and Compliance Specialist	ODO
	Senior Inspections and Compliance Specialist	ODO
	Senior Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	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 March 5 to 7, 2024.<sup>1</sup> 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 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 March 5, 2024)	[REDACTED]
Adult Female Population (as of March 5, 2024)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found 8 deficiencies in the following areas: Use of Force and Restraints (6); Disability Identification, Assessment, and Accommodation (1); 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 Custody Management Division Authorized Facility List as of March 4, 2024.

<sup>3</sup> *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. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.<sup>4</sup>

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.

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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	0
Funds and Personal Property	0
Population Counts	0
Post Orders	0
Searches of Detainees	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 4 – Care</b>	
Food Service	0
Hunger Strikes	0
Medical Care	4
Medical Care (Women)	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	1
<b>Sub-Total</b>	<b>5</b>
<b>Part 5 - Activities</b>	
Correspondence and Other Mail	2
Trips for Non-Medical Emergencies	0
Marriage Requests	0
Religious Practices	0
Telephone Access	0
Voluntary Work Program	0
<b>Sub-Total</b>	<b>2</b>

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

<sup>6</sup> Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

<b>Part 6 - Justice</b>	
Grievance System	0
Law Libraries and Legal Materials	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 7 - Administration and Management</b>	
Detention Files	0
Detainee Transfers	1
<b>Sub-Total</b>	<b>1</b>
<b>Total Deficiencies</b>	<b>8</b>

## DETAINEE RELATIONS

ODO interviewed 33 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.

*Correspondence and Other Mail:* One detainee stated he submitted two requests to the facility for legal-size manila envelopes but never received them.

- Action Taken: ODO interviewed the mailroom clerk, reviewed the detainee’s requests, and found the detainee submitted requests on February 28 and March 4, 2024, for legal-size manila envelopes. Facility staff responded to the request of February 28, 2024, and closed the action due to no pending court date scheduled for the detainee. The detainee submitted a follow-up request on March 4, 2024, stating he never received the manila envelopes from his first request. The facility staff responded the following day and instructed him on purchasing envelopes at the commissary. ODO interviewed the mailroom clerk and confirmed the detainee qualified as an indigent detainee at the time of the requests and therefore should have received envelopes at no cost. On March 5, 2024, facility staff issued the detainee the requested envelopes. ODO cited this as a deficiency in the *Correspondence and Other Mail* section of the report.

## COMPLIANCE INSPECTION FINDINGS

### CARE

#### MEDICAL CARE (MC)

ODO interviewed the health services administrator, reviewed two medical records of detainees refusing to consent to treatment, and found in both records:

- Medical staff did not explain to either detainee the necessity for the recommended treatment (**Deficiency MC-244**<sup>7</sup>);

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<sup>7</sup> “If the detainee refuses to consent to treatment, medical staff shall make reasonable efforts to explain to the detainee the necessity for and propriety of the recommended treatment.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(A)(7).

- A non-medical resident advisor (RA) spoke to the detainees regarding their refusals and signed the refusals as a witness. Additionally, medical staff were not with the RA to answer medical questions (**Deficiency MC-245<sup>8</sup>**);
- Refusal forms in the medical records stated, “Unable to explain risk” (**Deficiency MC-246<sup>9</sup>**). **This is a priority component**; and
- Medical staff did not ask the detainees to sign the refusal form when they refused treatment (**Deficiency MC-247<sup>10</sup>**).

## **SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHSPI)**

ODO reviewed 13 suicide watch logs and found in 1 out of 13 logs, 6 instances of documented continuous monitoring between 16 and 25 minutes, instead of at least every 15 minutes or more frequently if necessary (**Deficiency SSHSPI-34<sup>11</sup>**). **This is a priority component.**

## **ACTIVITIES**

### **CORRESPONDENCE AND OTHER MAIL (COM)**

ODO interviewed the mailroom clerk, reviewed two detainee requests, and found the facility provided indigent detainees with free envelopes only if the request related to a pending court date (**Deficiency COM-10<sup>12</sup>**).

ODO interviewed the mailroom clerk and found the facility photocopies a detainee’s incoming special correspondence or legal mail and provides a copy of the original document to the detainee (**Deficiency COM-60<sup>13</sup>**).

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<sup>8</sup> “Medical staff shall ensure that the detainee’s questions regarding the treatment are answered by appropriate medical personnel.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(A)(8).

<sup>9</sup> “Medical staff shall explain the medical risks if treatment is declined and shall document their treatment efforts and refusal of treatment in the detainee’s medical record.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(A)(9).

<sup>10</sup> “Detainees will be asked to sign a translated form that indicates that they have refused treatment.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(A)(9).

<sup>11</sup> “The qualified mental health professional may place the detainee in a special isolation room designed for evaluation and treatment with continuous monitoring that must be documented every 15 minutes or more frequently if necessary.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

<sup>12</sup> “At government expense, as determined by ICE/ERO, indigent detainees shall be permitted to post a reasonable amount of mail each calendar week (see ‘J. Postage Costs’) below, including the following: 1. An unlimited amount of special correspondence or legal mail, within reason” *See* ICE PBNDS 2011 (Revised 2016), Standard, Correspondence and Other Mail, Section (V)(B)(1).

<sup>13</sup> “Staff shall neither read nor copy special correspondence or legal mail.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Correspondence and Other Mail, Section (V)(F)(2).



## ADMINISTRATION AND MANAGEMENT

### DETAINEE TRANSFERS (DT)

ODO reviewed █ closed detention files for transferred detainees and found in █ out of █ files, the facility did not place a copy of the Detainee Transfer Notification Form in the detainees' detention files (**Deficiency DT-16**).<sup>14</sup>

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 29 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 25 of those standards. ODO found eight deficiencies in the remaining four standards. Since MVPC's last full inspection in February 2023, the facility's overall compliance with the PBNDS 2011 (Revised 2016) has remained consistent. MVPC went from 3 deficient standards and 8 deficiencies in February 2023 to 4 deficient standards and 8 deficiencies during this most recent inspection. ODO did not review the COM nor the DT standards during the February 2023 inspection as they were not FY 2023 core standards and these standards accounted for 3 out of 8 deficiencies found during this most recent inspection. ODO has not received a uniform corrective action plan for neither the FY 2023 full inspection conducted in March 2023, nor the follow-up inspection conducted in August 2023. As such, ODO is unable to assess what effect the facility's corrective actions had on their current performance. ODO recommends ERO Philadelphia continue to work with the facility to resolve the deficiencies in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2023 Full Inspection (PBNDS 2011) (Revised 2016)</b>	<b>FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)</b>
Standards Reviewed	26	29
Deficient Standards	3	4
Overall Number of Deficiencies	8	8
Priority Component Deficiencies	0	2
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	1	0
Facility Rating	Superior	Good <sup>15</sup>

<sup>14</sup> "The sending facility will place a copy of the Detainee Transfer Notification Form in the detainee's detention file." See ICE PBNDS 2011 (Revised 2016), Standard, Detainee Transfers, Section (V)(B)(2)(d).

<sup>15</sup> ODO revised their rating system at the end of FY 2023, and beginning in FY 2024, facilities rated as "Superior" will have no or very minimal deficiencies and will have no repeat or priority component deficiencies.