



**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**

**Pike County Correctional Facility  
Hawley, Pennsylvania**

**August 17-21, 2020**

**COMPLIANCE INSPECTION**  
**of the**  
**Pike County Correctional Facility**  
Hawley, Pennsylvania

**TABLE OF CONTENTS**

<b>FACILITY OVERVIEW .....</b>	<b>4</b>
<b>COMPLIANCE INSPECTION PROCESS .....</b>	<b>5</b>
<b>FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS</b> <b>2008 MAJOR CATEGORIES .....</b>	<b>6</b>
<b>DETAINEE RELATIONS .....</b>	<b>7</b>
<b>COMPLIANCE INSPECTION FINDINGS .....</b>	<b>8</b>
<b>SAFETY .....</b>	<b>8</b>
Environmental Health and Safety .....	8
<b>SECURITY .....</b>	<b>8</b>
Admission and Release .....	8
Special Management Units .....	8
<b>CARE .....</b>	<b>8</b>
Food Service .....	8
Medical Care .....	9
<b>ACTIVITIES .....</b>	<b>9</b>
Visitation .....	9
<b>JUSTICE .....</b>	<b>9</b>
Grievance System .....	9
<b>CONCLUSION .....</b>	<b>10</b>

---

## COMPLIANCE INSPECTION TEAM MEMBERS



Acting 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 Pike County Correctional Facility (PCCF) in Hawley, PA, from August 17 to 21, 2020.<sup>1</sup> The facility opened in 1995 and is owned by Pike County, Pennsylvania and operated by the Pike County Sheriff's Department. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at PCCF in 1996 under the oversight of ERO's Field Office Director (FOD) in Philadelphia, PA (ERO Philadelphia). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2008 and is contractually obligated for the following PBNDS 2011 (Revised 2016) standards: Sexual Abuse and Assault Prevention and Intervention, and Significant Self-harm and Suicide Prevention and Intervention.

ERO has assigned deportation officers and a detention services manager to the facility. A warden handles daily facility operations and is supported by ██████ personnel. Pike County provides food services, Prime Care Medical Inc. provides medical care, and Keefe provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in July 2019.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	219
Average ICE Detainee Population <sup>3</sup>	121
Male Detainee Population (as of 8/17/2020)	32
Female Detainee Population (as of 8/17/2020)	N/A

During its last inspection, in Fiscal Year (FY) 2019, ODO found 13 deficiencies in the following areas: Admission and Release (3); Classification System (2); Funds and Personal Property (1); Sexual Abuse and Assault Prevention and Intervention (2); Use of Force and Restraints (2); Medical Care (2); and Grievance Systems (1).

---

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

<sup>2</sup> Data Source: ERO Facility List Report as of August 17, 2020.

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

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, 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.<sup>4</sup>

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 their 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.

---

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

## FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2008 MAJOR CATEGORIES

PBNDs 2008 Standards Inspected <sup>5</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Environmental Health and Safety	1
<b>Sub-Total</b>	<b>1</b>
<b>Part 2 – Security</b>	
Admission and Release	1
Classification System	0
Funds and Personal Property	0
Special Management Units	1
Staff-Detainee Communication	0
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 4 – Care</b>	
Food Service	3
Medical Care	0
<b>Sub-Total</b>	<b>3</b>
<b>Part 5 – Activities</b>	
Recreation	0
Religious Practices	0
Telephone Access	0
Visitation	1
<b>Sub-Total</b>	<b>1</b>
<b>Part 6 – Justice</b>	
Grievance Systems	1
Law Libraries and Legal Material	0
<b>Sub-Total</b>	<b>1</b>
<b>PBNDs 2011 (Revised 2016) Standards Inspected</b>	
Sexual Abuse and Assault Prevention and Intervention	0
Significant Self-harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>8</b>

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

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

*Medical Care:* One detainee stated the facility denied him access to a mental health doctor following the death of a loved one.

- Action Taken: ODO reviewed the detainee's medical records and spoke with facility medical staff. ODO found the detainee submitted a sick call request to see mental health on August 13, 2020. The facility scheduled him an appointment for August 14, 2020; however, when the licensed social worker (LSW) attempted to see the detainee, his medical records indicated he informed the LSW he was sleeping and to come back another time. The facility re-scheduled his appointment for August 18, 2020.

*Classification System:* One detainee stated the facility had housed him with county jail inmates for the past 10-months in solitary confinement despite having done nothing wrong.

- Action Taken: ODO reviewed the detainee's detention file, grievance logs, and spoke with facility staff. ODO found the facility housed the detainee in their high security unit in December 2019, following his release from the facility's restricted housing unit, where the detainee was on disciplinary segregation for a violent offense. Since his arrival at PCCF, the facility documented him committing multiple violent offenses. ODO reviewed his classification paperwork and found the facility had appropriately classified and housed the detainee. The facility's high security housing unit is a general population (GP) housing unit, which detainees housed there have the same privileges as detainees in other GP housing units.

*Medical Care:* One detainee stated the facility had not provided him with proper dental care.

- Action Taken: ODO reviewed the detainee's dental records and spoke with the facility medical staff. ODO found the detainee had not submitted a request to see the dentist since his last appointment with the dentist on August 16, 2019. During that visit, the dentist informed the detainee he had several decayed teeth and recommended the detainee have those teeth extracted. The detainee declined the extraction and the dentist provided him with one temporary filling and prescribed him Amoxicillin to prevent infection. The facility provided the detainee a routine annual dental examination on July 30, 2020, where the detainee indicated he had no dental complaints. The facility reminded the detainee he could submit a request to see the dentist whenever needed.

# COMPLIANCE INSPECTION FINDINGS

## SAFETY

### ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the facility's posted fire evacuation signs and found their exit diagrams did not indicate emergency equipment locations (**Deficiency EH&S-1<sup>6</sup>**).

## SECURITY

### ADMISSION AND RELEASE (A&R)

ODO reviewed 12 detainee detention files and found the facility logged a state driver's license as personal property in 1 out of 12 files and the facility secured the detainee's driver's license in his valuables locker instead of forwarding to ERO Philadelphia as required by the standard (**Deficiency A&R-1<sup>7</sup>**).

### SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed the detention files for three detainees the facility placed in protective custody and housed in their SMU during the year preceding the inspection. ODO found the segregation orders for all three protective custody detainees did not document if the detainees requested a hearing concerning their segregation (**Deficiency SMU-1<sup>8</sup>**).

*Corrective Action:* Prior to completion of the inspection, the facility initiated corrective action by revising their SMU procedures and supervisory staff issued a directive to all staff to document if a protective custody detainee does or does not request a hearing concerning their segregation (**C-1**).

## CARE

### FOOD SERVICE (FS)

ODO reviewed the facility's food service purchase requests and found the facility did not identify sugar as a "hot" item nor did they indicate special handling instructions for the sugar (**Deficiency**

---

<sup>6</sup> "In addition to a general area diagram, the following information must be provided on signs: Instructions in English, Spanish and the next most prevalent language at the facility; 'You Are Here' markers on exit maps; and Emergency equipment locations... See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (VII)(E).

<sup>7</sup> "...Identity documents, such as passports, birth certificates and driver's licenses, shall also be inventoried and given to ICE/ERO staff..." See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(B)(5).

<sup>8</sup> "...If the segregation is ordered for protective custody purposes, the order shall state whether the detainee requested the segregation, and whether the detainee requests a hearing concerning the segregation." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(C)(2)(h).



**FS-1<sup>9</sup>**).

ODO reviewed the food service department's budget and found they did not include quarterly costs for their common fare program in their budget (**Deficiency FS-2<sup>10</sup>**).

ODO reviewed PCCF's common fare program and their food preparation area and found the chaplain or designee did not escort other clergy to the common fare preparation area to monitor for compliance with religious diet requirements (**Deficiency FS-3<sup>11</sup>**).

## **MEDICAL CARE (MC)**

ODO reviewed two medication error reports and found the facility administered incorrect medications to two patients who were not ICE detainees. ODO cited a deficiency during the facility's FY 2019 inspection for failing to properly identify a detainee prior to administering medications. For this inspection, ODO noted the administration of incorrect medication as an **Area of Concern**.

## **ACTIVITIES**

### **VISITATION (V)**

ODO reviewed the facility's visitation policies and their detainee handbook. ODO found nothing to indicate the facility informed detainees they had a right to visit their consular officials nor how to receive consular visits (**Deficiency V-1<sup>12</sup>**).

## **JUSTICE**

### **GRIEVANCE SYSTEM (GS)**

ODO reviewed the facility's GS policy and their detainee handbook and found nothing to indicate the facility informed detainees they could bypass the informal process at any point and proceed

---

<sup>9</sup> [REDACTED] also require special handling and storage. The purchase order for any of these items shall specify the special-handling requirements for delivery..." See ICE PBNDS 2008, Standard, Food Service, Section (V)(B)(4)(b).

<sup>10</sup> "The FSA shall estimate quarterly costs for the Common Fare program and include this figure in the quarterly budget. The FSA shall maintain the actual costs of both edible and not edible items." See ICE PBNDS 2008, Standard, Food Service, Section (V)(G)(12).

<sup>11</sup> "... With the facility administrator's concurrence, the FSA may make temporary, nutritionally equal substitutions for fresh seasonal produce that violates no religious dietary requirements. The chaplain or local religious representatives shall be consulted if technical questions arise. The chaplain shall escort other clergy to the Common Fare preparation area for frequent, random monitoring of compliance with religious dietary requirements." See ICE PBNDS 2008, Standard, Food Service, Section (V)(G)(3).

<sup>12</sup> "... The facility administrator shall ensure that all detainees are notified of and afforded the right to contact and receive visits from their consular officers. The same hours, privacy, and conditions that govern legal visitation apply to consular visitation. Consular visits may be permitted at additional times outside normal visitation hours with the facility administrator's prior authorization. Fare preparation area for frequent, random monitoring of compliance with religious dietary requirements." See ICE PBNDS 2008, Standard, Visitation, Section (V)(L).

directly to the formal grievance procedure as required by the standard (**Deficiency GS-1**<sup>13</sup>).

## CONCLUSION

During this inspection, ODO reviewed the facility’s compliance with 15 standards under PBNDS 2008, two standards under PBNDS 2011 (Revised 2016), and found the facility in compliance with 11 of those standards. ODO found eight deficiencies in the remaining six standards. ODO commends facility staff for their responsiveness during this inspection and notes there was one instance where staff initiated immediate corrective action during the inspection. ODO recommends ERO work with the facility to remedy any deficiencies which remain outstanding, as applicable and in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2019 (PBNDS 2008) / (PBNDS 2011)</b>	<b>FY 2020 (PBNDS 2008) / (PBNDS 2011)</b>
Standards Reviewed	15/2	15/2
Deficient Standards	7	6
Overall Number of Deficiencies	13	8
Repeat Deficiencies	1	0
Corrective Actions	6	1

---

<sup>13</sup> “A detainee is free to bypass or terminate the informal grievance process at any point and proceed directly to the formal grievance stage. If an oral grievance is resolved, the employee need not provide the detainee written confirmation of the outcome but shall document the result for the record in the detainee’s Detention File and in any logs or data systems the facility has established to track such actions..” See ICE PBNDS 2008, Standard, Grievance System, Section (V)(C)(1).