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**Office of Detention Oversight
Compliance Inspection
2023-001-075**

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

**Pike County Correctional Facility
Lords Valley, Pennsylvania**

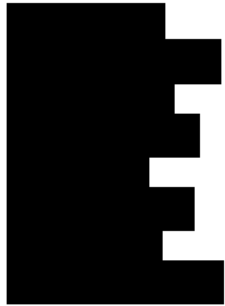
April 11-13, 2023

COMPLIANCE INSPECTION
of the
PIKE COUNTY CORRECTIONAL FACILITY
Lords Valley, Pennsylvania

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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 a compliance inspection of the Pike County Correctional Facility (PCCF) in Lords Valley, Pennsylvania, from April 11 to 13, 2023.¹ The facility opened in 1995 and is owned and operated by Pike County. 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 in Philadelphia (ERO Philadelphia). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).²

ERO has a supervisory detention and deportation officer, a detention service manager, and deportation officers assigned full-time to the facility and they are on-site daily, Monday through Friday, from 8 a.m. to 4 p.m. A warden handles daily facility operations and manages █████ support personnel. Pike County provides food services, PrimeCare Medical, Inc. provides medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in July 2019. In January 2022, PCCF 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 ³	████
Average ICE Population ⁴	████
Adult Male Population (as of April 11, 2023)	████
Adult Female Population (as of April 11, 2023)	████

During its last full inspection, in Fiscal Year (FY) 2022, ODO found 26 deficiencies in the following areas: Environmental Health and Safety (5); Admission and Release (1); Post Orders (2); Special Management Units (3); Food Service (1); Medical Care (8); Significant Self-harm and Suicide Prevention and Intervention (2); Correspondence and Other Mail (2); and Detainee Transfers (2).

¹ This facility holds male detainees with low, medium, and high security classification levels for periods greater than 72 hours.

² The facility signed a contract modification on November 1, 2021, which changed their contractually obligated ICE National Detention Standards from PBNDS 2008 to PBNDS 2011 (Revised 2016).

³ Data Source: ERO Facility List as of January 3, 2022.

⁴ *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.⁵

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.

⁵ 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 ^{6,7}	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	1
Contraband	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Key and Lock Control	2
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Tool Control	0
Use of Force and Restraints	0
Sub-Total	3
Part 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
Food Service	2
Medical Care	1
Significant Self-harm and Suicide Prevention and Intervention	3
Terminal Illness, Advance Directives and Death	0
Disability Identification, Assessment, and Accommodation	1
Sub-Total	7
Part 5 - Activities	
Correspondence and Other Mail	1
Recreation	1
Visitation	0

⁶ For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

⁷ 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.

Sub-Total	2
Part 6 - Justice	
Detainee Handbook	2
Sub-Total	2
Part 7 - Administration and Management	
Staff Training	0
Sub-Total	0
Total Deficiencies	14

DETAINEE RELATIONS

ODO interviewed 26 detainees, who each voluntarily agreed to participate. Two of the detainees made allegations of mistreatment or sexual abuse, and ODO immediately referred the complaints to ERO Philadelphia and facility staff to investigate. Most detainees reported satisfaction with facility services except for the concerns listed below.

Grievance System: One detainee stated a facility officer unbuttoned his shirt in front of him and another detainee on November 18, 2022.

- Action Taken: ODO interviewed the facility assistant warden and found facility staff investigated the incident and found no evidence to support the claim after reviewing video surveillance footage and recording witness testimony. The assistant warden said the video footage showed the officer wearing a facility-issued wool sweater with no buttons and he never removed his shirt when he approached the detainee's cell on April 13, 2023. Since this was an allegation of staff misconduct not previously reported, ODO reported this incident to the Joint Intake Center (JIC).

Medical Care: One detainee stated his concerns about the multiple changes in medication to treat his anxiety and recent chest pain.

- Action Taken: ODO interviewed facility medical staff, reviewed the detainee's medical file, and found the detainee often refused to take prescribed antidepressant medication for his anxiety because he thought the side effects he experienced made it ineffective. The facility medical staff adjusted the detainee's dosage to determine the degree of effectiveness. On February 22, 2023, the detainee refused an appointment with an off-site cardiologist and medical staff submitted a request to reschedule him. On March 29, 2023, a facility mental health provider examined him for his anxiety and prescribed Prozac, a different antidepressant. On April 25, 2023, a mental health provider evaluated him again for his anxiety and prescribed Paxil, another type of antidepressant. ERO Philadelphia approved the cardiology appointment, and medical staff scheduled an echocardiogram as part of his routine physical exam for May 2, 2023. Medical staff also scheduled the detainee for a follow-up mental health appointment on June 22, 2023. At ODO's request, medical staff met with the detainee on April 12, 2023, to discuss his treatment plan and the need to take medications as directed.

Sexual Abuse and Assault Prevention and Intervention: One detainee stated a county inmate threatened him with sexual assault.

- **Action Taken:** ODO reviewed the PREA report, interviewed a facility lieutenant and an ERO Philadelphia Assistant Field Office Director (AFOD), and found the facility received the PREA allegation from the detainee on December 8, 2022. According to the report, the detainee stated the incidents occurred on December 2 and December 6, 2022. On December 8, 2022, facility staff placed the detainee in protective custody after receiving a request from him. A facility nurse evaluated the detainee on the same day and stated he had no thoughts of self-harm. The detainee met with a facility mental health counselor on the following dates: December 9, December 15, and December 23, 2022. During his visits, a mental health counselor met with the detainee and provided coping mechanisms. On December 15, 2022, medical staff also prescribed anxiety medication for the detainee. The facility staff reviewed video footage, collected witness testimony, and found no evidence to support the detainee's allegation. On December 12, 2022, ERO Philadelphia received the investigation results and created a significant incident report. On December 12, 2022, ERO Philadelphia reported this incident to the JIC (Case #2023SIR0003064).

Sexual Abuse and Assault Prevention and Intervention: One detainee stated a county inmate inflated a latex glove, stroked the back of his ear, and then attempted to stroke his backside in October 2022.

- **Action Taken:** ODO reviewed the PREA report, interviewed a facility lieutenant and an ERO Philadelphia AFOD, and found the facility received the PREA allegation from the detainee on November 16, 2022. The detainee provided no exact date and time of the incident. The facility staff offered the detainee protective custody and mental health services, but he declined. On November 16, 2022, facility staff interviewed the county inmate, but he denied the allegation. On November 17, 2022, facility staff found no evidence to support the detainee's allegation and forwarded the investigation determination to ERO Philadelphia. On the same day, ERO Philadelphia created a significant incident report and reported this incident to the JIC (case #2013SIR0002066).

COMPLIANCE INSPECTION FINDINGS

SECURITY

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed [REDACTED] detainee files, interviewed the associate warden and records lieutenant, and found in [REDACTED] out of [REDACTED] files, no supervisor review of each detainee's classification file for accuracy

and completeness to ensure assignment to an appropriate housing unit (**Deficiency CCS-31⁸**).

KEY AND LOCK CONTROL (KLC)

ODO interviewed the facility key control officer, reviewed documentation, and found the key control officer received no training in the operation of gas/oxygen-cutting tools and end-saw equipment (**Deficiency KLC-20⁹**).

ODO interviewed the facility key control officer, reviewed documentation, and found the key control officer had not completed an approved locksmith-training program (**Deficiency KLC-25¹⁰**).

CARE

FOOD SERVICE (FS)

ODO toured the facility, interviewed the FS director, and found the facility did not have procedures to account for on-hand quantity of sugar nor did the staff inventory the sugar (**Deficiency FS-34¹¹**).

ODO toured the facility, interviewed the FS director, observed FS staff, and found sugar stored in a secure area of FS but with no completed inventory (**Deficiency FS-40¹²**).

MEDICAL CARE (MC)

ODO reviewed the facility's MC policy and three medical records of detainees on psychotropic medications and found in 1 out of 3 records, the facility obtained informed consent 4 months after the detainee received the psychotropic medication (**Deficiency MC-241¹³**). **This is a repeat deficiency.**

⁸ "The designated classification supervisor or facility administrator designee shall review the intake processing officer's classification files for accuracy and completeness and ensure that each detainee is assigned to the appropriate housing unit." See ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(E).

⁹ "The security key control officer is trained in operation of gas/oxygen-cutting tools and end-saw equipment in case of an emergency;" See ICE PBNDS 2011 (Revised 2016), Standard, Key and Lock Control, Section (V)(B)(1)(g).

¹⁰ "All security key control officers shall successfully complete an approved locksmith-training program." See ICE PBNDS 2011 (Revised 2016), Standard, Key and Lock Control, Section (V)(B)(2).

¹¹ "All facilities shall have procedures for handling food items that pose a security threat." See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(B)(4).

¹² "Mace, nutmeg, cloves, sugar, and alcohol-based flavorings also require special handling and storage.

2) Staff shall store and inventory these items in a secure area in the food service department."

See ICE PBNDS 2011 (Revised 2016), Standard, Food Service, Section (V)(B)(4)(b)(2).

¹³ "Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medication's side effects, shall be obtained." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(AA) (4).

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

ODO reviewed the medical records and suicide watch logs of █ detainees placed on continuous monitoring and found in █ out of █ logs, 39 instances of documented continuous monitoring between 16 and 57 minutes, instead of every 15 minutes (**Deficiency SSHSPI-34¹⁴**). **This is a repeat deficiency and a priority component.**

ODO reviewed the medical records of █ detainees on continuous 1-to-1 monitoring in isolated confinement and found in █ out of █ records, one welfare check completed during a 16-hour period instead of at least every 8 hours for a detainee who had been on suicide watch for 24 hours (**Deficiency SSHSPI-35¹⁵**). **This is a repeat deficiency.**

ODO reviewed medical records and suicide watch logs of 15 detainees on suicide precautions not in isolated confinement and found in █ out of █ logs, 39 instances of documented close observation checks performed between 16 and 57 minutes, exceeding the 15-minute requirement. Additionally, ODO found in █ out of █ records, one welfare check completed during a 16-hour period instead of every 8 hours for a detainee who had been on suicide watch for 24 hours (**Deficiency SSHSPI-43¹⁶**). **This is a repeat deficiency.**

DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIAA)

ODO reviewed the facility's detainee handbook and found no mention of the facility's disability accommodations policy, including a detainee's right to request reasonable accommodations and how to make such a request (**Deficiency DIAA-71¹⁷**).

¹⁴ "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).

¹⁵ "All suicidal detainees placed in an isolated confinement setting will receive continuous one-to-one monitoring, welfare checks at least every 8 hours conducted by clinical staff." *See* ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

¹⁶ "Detainees on suicide precautions who have not been placed in an isolated confinement setting by the qualified mental health professional will receive documented close observation at staggered intervals not to exceed 15 minutes (e.g., 5, 10, 7 minutes), checks at least every 8 hours by clinical staff, and daily mental health treatment by a qualified clinician." *See* ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

¹⁷ "The facility orientation program required by standard 2.1, "Admission and Release," and the detainee handbook required by standard 6.1, "Detainee Handbook," shall notify and inform detainees about the facility's disability accommodations policy, including their right to request reasonable accommodations and how to make such a request." *See* ICE PBNDS 2011 (Revised 2016), Standard, Disability Identification, Assessment, and Accommodation, Section (V)(J).

ACTIVITIES

CORRESPONDENCE AND OTHER MAIL (COM)

ODO reviewed the facility's detainee handbook and found no mention of identity documents in a detainee's possession is considered contraband and ERO Philadelphia's possible use of these documents as evidence against the detainees or for other purposes authorized by law (**Deficiency COM-22¹⁸**). **This is a repeat deficiency.**

RECREATION (R)

ODO toured the housing units, interviewed the facility lieutenant, and found the facility did not provide recreation schedules nor post the recreation schedule in the facility (**Deficiency R-9¹⁹**).

JUSTICE

DETAINEE HANDBOOK (DH)

ODO reviewed the facility's DH and found no procedures for reasonable accommodations (**Deficiency DH-9²⁰**).

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action. On April 12, 2023, the facility added a disability accommodation request section to the facility's DH and then immediately made it available on the detainees' tablets. Facility staff also added a disability accommodations request tab to the kiosks, allowing detainees to submit a request directly to the facility medical staff. Facility management notified all staff of the changes at the 30-minute shift change meeting and all staff signed an acknowledgement form (**C-1**).

ODO reviewed the facility's DH and found no rules on legal rights group presentations and the availability of legal orientation programs (**Deficiency DH-16²¹**).

¹⁸ "At a minimum, the notification shall specify: ...

8. That identity documents, such as passports, birth certificates, etc., in a detainee's possession are contraband and may be used by ICE/ERO as evidence against the detainee or for other purposes authorized by law (However, upon request, the detainee shall be provided a copy of each document, certified by an ICE/ERO officer to be a true and correct copy; the facility shall consult ICE/ERO with any and all requests for identity documents)."

See ICE PBNDS 2011 (Revised 2016), Standard, Correspondence and Other Mail, Section (V)(C)(8).

¹⁹ "Recreation schedules shall be provided to the detainees or posted in the facility." See ICE PBNDS 2011 (Revised 2016), Standard, Recreation, Section (V)(B).

²⁰ "While all applicable topics from the handbook must be addressed, it is especially important that each local supplement notify each detainee of procedures for requesting reasonable accommodations." See ICE PBNDS 2011 (Revised 2016), Standard, Detainee Handbook, Section (V)(B)(4).

²¹ "While all applicable topics from the handbook must be addressed, it is especially important that each local supplement notify each detainee of content and procedures of the facility's rules on legal rights group presentations, and the availability of legal orientation programs." See ICE PBNDS 2011 (Revised 2016), Standard, Detainee Handbook, Section (V)(B)(11).

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action. On April 12, 2023, the facility added Section 18i to the facility’s DH, explaining the facility’s rules on legal rights group presentations. This facility made this update immediately available on the detainees’ tablets. Facility management notified all staff of the changes at the 30-minute shift change meeting and all staff signed an acknowledgement form (C-2).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 24 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 15 of those standards. ODO found 14 deficiencies in the remaining 9 standards. Since PCCF’s last full inspection in January 2022, the facility’s overall compliance with ICE PBNDS 2011 (Revised 2016) has trended upward; however, the facility rating has gone down from “Good” to “Acceptable” because of five repeat deficiencies and one priority component deficiency. PCCF went from 9 deficient standards and 26 deficiencies in January 2022 to 9 deficient standards and 14 deficiencies during this most recent full inspection. The one priority component deficiency was in Significant Self-harm and Suicide Prevention and Intervention for continuous monitoring observations exceeding 15 minutes. ODO received a completed uniform corrective action plan (UCAP) for the facility’s full inspection in March 2022, but did not receive a completed UCAP from the facility’s unannounced compliance inspection in July 2022, which may have contributed to repeat deficiencies in Medical Care, Significant Self-harm and Suicide Prevention and Intervention, and Correspondence and Other Mail. 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	23	24
Deficient Standards	9	9
Overall Number of Deficiencies	26	14
Priority Component Deficiencies	0	1
Repeat Deficiencies	0	5
Areas Of Concern	1	0
Corrective Actions	0	2
Facility Rating	Good	Acceptable