



U.S. Department of Homeland Security
U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
ICE Inspections
Washington, DC 20536-5501

**Office of Detention Oversight
Follow-Up Compliance Inspection
2023-002-159**

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

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


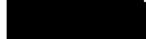
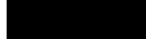
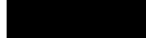
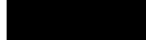
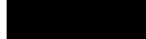
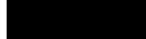
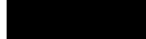
August 29-31, 2023

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

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS

	Team Lead	ODO
	Senior Inspections and Compliance Specialist	ODO
	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 follow-up compliance inspection of the Pike County Correctional Facility (PCCF) in Lords Valley, Pennsylvania, from August 29 to 31, 2023.¹ This inspection focused on the standards found deficient during ODO’s last inspection of PCCF from April 11 to 13, 2023. 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).

[REDACTED] A warden handles daily facility operations and manages [REDACTED] 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.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of August 29, 2023)	[REDACTED]
Adult Female Population (as of August 29, 2023)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2023, ODO found 14 deficiencies in the following areas: Correspondence and Other Mail (1); Custody Classification System (1); Detainee Handbook (2); Disability Identification, Assessment, and Accommodation (1); Food Service (2); Key and Lock Control (2); Medical Care (1); Recreation (1); and Significant Self-harm and Suicide Prevention and Intervention (3).

¹ This facility holds male 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 August 21, 2023.

³ *Ibid.*

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.⁴

While 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.

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
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	0
Key and Lock Control	1
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	1
Part 4 - Care	
Food Service	0
Medical Care	0
Significant Self-harm and Suicide Prevention and Intervention	0
Terminal Illness, Advance Directives and Death	2
Disability Identification, Assessment, and Accommodation	0
Sub-Total	2
Part 5 - Activities	
Correspondence and Other Mail	0
Recreation	0
Sub-Total	0
Part 6 - Justice	
Detainee Handbook	0
Sub-Total	0
Total Deficiencies	3

⁵ For greater detail on ODO’s findings, see the *Follow-up 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.

DETAINEE RELATIONS

ODO interviewed 30 detainees who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse and all detainees reported satisfaction with facility services.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

KEY AND LOCK CONTROL (KLC)

ODO interviewed the facility key control officer, reviewed staff training records, and found the key control officer did not complete an approved locksmith-training program (**Deficiency KLC-25⁷**). **This is a repeat deficiency.**

CARE

TERMINAL ILLNESS, ADVANCE DIRECTIVES AND DEATH (TIADD)

ODO interviewed the assistant warden, reviewed the facility's written procedures pertaining to autopsies, and found the facility did not forward a copy their written autopsy procedures to the ICE Office of Chief Counsel (**Deficiency TIADD-64⁸**).

ODO interviewed the assistant warden, reviewed facility policy, and found the facility policy did not specify that while a decision on an autopsy is pending, facility staff shall take no action that will affect the validity of the autopsy results (**Deficiency TIADD-72⁹**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 17 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 15 of those standards. ODO found three deficiencies in the remaining two standards. Since PCCF's last full inspection in April 2023,

⁷ "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).

⁸ "Each facility shall have written policy and procedures to implement the provisions detailed below in this section:
...

3. A copy of the written procedures shall be forwarded to the ICE Office of Chief Counsel." See ICE PBNDS 2011 (Revised 2016), Standard, Terminal Illness, Advance Directives and Death, Section (V)(I)(3).

⁹ "b. Making Arrangements for an Autopsy

Medical staff shall arrange for the approved autopsy to be performed by the local coroner or medical examiner, in accordance with established guidelines and applicable laws:

1) While a decision on an autopsy is pending, no action shall be taken that shall affect the validity of the autopsy results."

See ICE PBNDS 2011 (Revised 2016), Standard, Terminal Illness, Advance Directives and Death, Section (V)(I)(5)(b)(1).

the facility’s overall compliance has trended upward. PCCF went from 9 deficient standards with 14 deficiencies in April 2023 to 2 deficient standards and 3 deficiencies during this most recent inspection, which includes a repeat deficiency for the key and lock control officer not receiving any locksmith training. ODO received the UCAP for ODO’s last inspection; however, ODO did not receive it prior to this follow-up inspection. ODO notes the UCAP indicates the facility has scheduled locksmith training to occur October 17-19, 2023, and ODO will check for this corrective action during the facility’s next inspection in FY 2024. ODO recommends ERO Philadelphia continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2023 Full Inspection (PBNS 2011) (Revised 2016)	FY 2023 Follow-up Inspection (PBNS 2011) (Revised 2016)
Standards Reviewed	24	17
Deficient Standards	9	2
Overall Number of Deficiencies	14	3
Priority Component Deficiencies	1	0
Repeat Deficiencies	5	1
Areas Of Concern	0	0
Corrective Actions	2	0
Facility Rating	Acceptable/Adequate	N/A