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U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
Inspections and Detention Oversight Division
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**Office of Detention Oversight
Compliance Inspection**

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

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

July 9-11, 2019

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 July 9 to 11, 2019.¹ The facility opened in 1995, 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 (ERO Philadelphia). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2008.

ERO has assigned Deportation Officers (DOs) and a Detention Services Manager (DSM) to the facility. A PCCF warden handles daily facility operations and is supported by █ personnel. PCCF provides food services and PrimeCare Medical Inc. provides medical care at the facility. The facility holds no national accreditations.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	222
Average ICE Detainee Population ³	197
Male Detainee Population (as of 7/9/2019)	190
Female Detainee Population (as of 7/9/2019)	N/A

During its last inspection, in Fiscal Year (FY) 2016, ODO found nine deficiencies in the following areas: Environmental Health and Safety (2); Medical Care (6); and Law Libraries and Legal Materials (1).

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

² Data Source: ERO Facility List Report as of July 8, 2019.

³ *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.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” For facilities governed by either the PBNDS 2008 or 2011, ODO specifically notes deficiencies related to ICE-designated “priority components,” which are considered critical to facility security and the legal and civil rights of detainees. ODO also 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.

⁴ 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 ⁵	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	3
Classification System	2
Funds and Personal Property	1
Sexual Abuse and Assault Prevention and Intervention	2
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	2
Sub-Total	10
Part 4 – Care	
Food Service	0
Medical Care	2
Suicide Prevention and Intervention	0
Sub-Total	2
Part 5 – Activities	
Recreation	0
Religious Practices	0
Telephone Access	0
Visitation	0
Sub-Total	0
Part 6 – Justice	
Grievance Systems	1
Law Libraries and Legal Material	0
Sub-Total	1
Total Deficiencies	13

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

DETAINEE RELATIONS

ODO interviewed nine 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 that he has sleep apnea and needs a Continuous Positive Airway Pressure (CPAP) machine but the facility has not provided one.

- Action Taken: ODO reviewed the detainee's medical records and spoke with facility medical staff. A medical doctor saw this detainee once and a nurse practitioner saw him twice between May and June 2019. ODO's review of medical documentation found nothing confirming a previous diagnosis of sleep apnea or a prescription for a CPAP machine. Neither the medical doctor or nurse practitioner ordered a sleep study for the detainee following any of the three evaluations. ODO confirmed with facility staff a detainee may keep and use their own CPAP machine if it is with their personal property when they are admitted to the facility. Medical staff informed ODO the sleep study process is slow. Although the average length of stay at PCCF is 66 days, ODO recommended to medical staff that they order a sleep study for this detainee and work with the local ERO field office and ICE Health Service Corps to assist if necessary.⁶ ODO requested medical staff provide the detainee an updated status on his request for a CPAP machine.

Medical Care: One detainee stated he has a stomach hernia and although the facility has been providing care, he is unsure of what is happening.

- Action Taken: ODO reviewed the detainee's medical records and spoke with facility medical staff. The facility referred the detainee to a surgeon and the surgeon evaluated him in July 2019, diagnosing him with a large abdominal hernia. The surgeon ordered a computed tomography (CT) scan of the detainee's abdomen to better evaluate the detainee. The facility requested the CT scan be scheduled but the date had not been confirmed by the end of ODO's inspection. ODO requested medical staff follow up with the detainee to provide a current status and inform the detainee once the CT scan is confirmed. The facility will not provide the actual date of the CT scan to the detainee due to security reasons.

⁶ Data Source: ERO Facility List Report as of July 8, 2019.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO observed above average sanitation levels throughout the facility. One contributing factor to the effectiveness of the facility's environmental health and safety program is the implementation of a reward program, in which the associate warden inspects each housing unit weekly and awards the housing unit rated best that week with a movie and ice cream that Friday. ODO notes the facility's reward program as a **Best Practice**.

SECURITY

ADMISSION AND RELEASE (A&R)

With each update or change in the local detainee handbook, PCCF staff re-issue the local handbook to detainees currently in general population, ensuring each detainee is made aware of any changes in facility policies and procedures. ODO notes as a **Best Practice** that the facility documents the handbook exchange in each detainee's detention file using a handbook exchange verification form.

PCCF shows detainees a facility-specific orientation video and the Know Your Rights video prior to a counselor meeting with each detainee to finish the orientation and facilitate a question and answer session. ODO reviewed 30 detainee detention files and notes as an **Area of Concern** that the facility did not document completion of the orientation process for the detainee in 2 of 30 detainee detention files.

ODO reviewed 30 detainee detention files and found the facility strip-searched every detainee and did not document their reasonable suspicion for strip-searching any of the detainees (**Deficiency A&R-1⁷**).

ODO reviewed PCCF's orientation policy and although it conforms to the standard, ERO Philadelphia did not approve the orientation procedures (**Deficiency A&R-2⁸**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by obtaining approval of its orientation procedures from the Assistant Field Office Director (AFOD) (**C-1**).

ODO reviewed PCCF's release policy and although it conforms to the standard, ERO Philadelphia

⁷ "Staff shall not routinely require a detainee to remove clothing or require a detainee to expose private parts of his or her body to search for contraband....The articulable facts supporting the conclusion that reasonable suspicion exists should be documented. *During all strip searches, a Form G-1025 (Record of Search) or its equivalent will be completed.*" See ICE PBNDS 2008, Standard, Admission & Release, Section (V)(B)(4)(a).

⁸ "... Orientation procedures in IGSA's must be approved in advance by the ICE/DRO office of jurisdiction." See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(F).

did not approve the release procedures (**Deficiency A&R-3⁹**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by obtaining approval of its release procedures from the AFOD (**C-2**).

CLASSIFICATION SYSTEM (CS)

ODO reviewed PCCF's classification policy and although it conforms to the standard, ERO Philadelphia did not approve the classification procedures (**Deficiency CS-1¹⁰**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by obtaining approval of its classification procedures from the AFOD (**C-3**).

ODO reviewed 30 detainee detention files and found seven detainees were housed long enough to require reclassification; however, the facility did not complete reclassification of those detainees (**Deficiency CS-2¹¹**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO inspected the detainee housing units and observed the facility provides detainees a clear property storage bag that closes with VELCRO® but no securable storage for detainees to store their personal property (**Deficiency F&PP-1¹²**).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility's SAAPI policy and procedures and found they conform to all requirements of the SAAPI standard except in that they do not include provisions for the facility to coordinate with ICE to ensure administrative and criminal investigations are completed or coordinated with the ICE Office of Professional Responsibility (**Deficiency SAAPI-1¹³**).

⁹ "...ICE/DRO shall approve IGSA release procedures." See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(H).

¹⁰ "Each facility shall develop and implement a system for classifying detainees in accordance with this Detention Standard. CDFs and IGSA facilities may use similar locally established systems, subject to DRO evaluation, as long as the classification criteria are objective and uniformly applied, and all procedures meet ICE/DRO requirements." See ICE PBNDS 2008, Standard, Custody Classification System, Section (V)(A).

¹¹ "Forms and Time Requirements...."

- First Reassessment. A Classification Reassessment shall be completed 60 to 90 days after the date of the initial assessment.
- Subsequent Reassessments. *At SPCs and CDFs, subsequent reassessments are to be completed at 90 to 120 day intervals from the first reassessment.* Detainees in IGSA facilities shall be offered subsequent classification reassessments at similar intervals."

See ICE PBNDS 2008, Standard, Classification System, Section (V)(B).

¹² "...Every housing area shall have lockers or other securable space for storing detainees' authorized property." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(E).

¹³ "Each facility shall have written policy and procedures for a Sexual Abuse or Assault Prevention and Intervention Program. This policy must mandate zero tolerance toward all forms of sexual abuse or assault, outline the facility's approach to preventing, detecting, and responding to such conduct and include, at a minimum:...

5. procedures for investigation and discipline of assailants, including:

a) coordinating with ICE and other appropriate investigative agencies to ensure that an administrative or criminal

Additionally, ODO found ERO Philadelphia did not approve the facility's written SAAPI policy and procedures (**Deficiency SAAPI-2¹⁴**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO notes as a **Best Practice** that the facility provides a copy of *Breaking Barriers*, a communication guide that assists non-Spanish-speaking housing unit officers with their communication with Spanish-speaking detainees, which increases detainee access to meaningful communication with facility staff. The guide addresses basic pronunciation, numbers, common phrases, basic medical questions, and common orders correctional staff may issue to detainees.

ODO was unable to determine if the facility tests their Text Telephones (TTY) or if the TTY phones work using the facility's Voice-Over Internet Protocol (VOIP) telephone lines. ODO notes this as an **Area of Concern** and recommends the field office work with the facility to test the TTY phones on a recurring basis.

ODO toured the facility and found Department of Homeland Security (DHS) Office of Inspector General (OIG) Hotline Informational Posters posted throughout the facility. The posters were not the current version that DHS OIG makes available on their website. ERO staff indicated they were unaware the posters had changed; consequently, ODO was unable to determine if ERO headquarters alerts the field office when changes occur. ODO identifies this issue frequently during compliance inspections and notes this as an **Area of Concern**. ODO informed ERO Philadelphia and the facility how to access the current poster.

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed PCCF's policy for the use of restraints, which includes provisions authorizing staff to use a [REDACTED]

ODO found that ERO Philadelphia did not approve the facility's use of the [REDACTED] (**Deficiency UOF&R-1¹⁵**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by obtaining approval from the AFOD of the facility's UOF&R policy, which includes [REDACTED] C-4).

investigation is completed for all allegations of sexual abuse;...

c) procedures for coordination of internal administrative investigations with the assigned criminal investigative entity to endure non-interference with criminal investigations, as well as coordination with the ICE Office of Professional Responsibility (OPR)." See ICE 2011 PBNDS (Revised 2016), Standard, Sexual Abuse and Assault Prevention and Intervention (SAAPI), Section (V)(A)(5)(a) and (c). **This is a Priority Component.**

¹⁴ "...The facility's written policy and procedures require the review and approval of the Field Office Director." See ICE 2011 PBNDS (Revised 2016), Standard, Sexual Abuse and Assault Prevention and Intervention (SAAPI), Section (V)(A).

¹⁵ "The following restraint equipment is authorized:...

- Any other ICE/DRO-approved restraint device.

Deviations from this list of restraint equipment is strictly prohibited." See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(L).

ODO reviewed the facility's incident review process and although PCCF has modeled their incident review process after ERO's process, ODO found ERO Philadelphia did not approve the facility's written procedures for UOF incident after-action reviews (**Deficiency UOF&R-2¹⁶**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by obtaining approval from the AFOD of the facility's UOF incident after-action review written procedures (**C-5**).

CARE

MEDICAL CARE (MC)

ODO reviewed 30 electronic medical records (EMRs) and found a physician had not documented review of the health screening forms in order to assess the priority of treatment (**Deficiency MC-1¹⁷**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action. The regional administrator contacted the PrimeCare Medical Inc. corporate office to reconfigure the EMR. PrimeCare Medical Inc. configured the EMR to send a task order to the physician when the intake screening is completed (**C-6**).

Nursing staff conduct pill line in the housing units using a locked medication cart three times per day. During pill line, ODO observed nursing staff give medication to detainees without verifying the detainees' identification. The practice ODO observed is contrary to the PrimeCare Medical Inc. policy, Medication Services, C, J-D-02, dated November 1, 2018, which states "prior to giving the medication, the nurse will ensure the detainee is properly identified. Do not give medication until the detainee can be properly identified" (**Deficiency MC-2¹⁸**).

ODO observed PCCF's special needs unit (SNU), which consists of three multipurpose double bunked cells. Medical and correctional staff use these cells and an officer makes rounds in the unit at intervals not to exceed 30 minutes. Although the unit is connected to the health services department, the connecting door is locked and the facility has no policy or procedure for medical staff to make rounds in the unit when the facility houses a detainee there for medical reasons. ODO notes as an **Area of Concern** the remoteness and isolation of detainees housed in the SNU, [REDACTED]

¹⁶ "All facilities shall have ICE/DRO-approved written procedures for After-Action Review of use-of-force incidents (immediate or calculated) and applications of restraints. The primary purpose of an After-Action Review is to assess the reasonableness of the actions taken and determine whether the force used was proportional to the detainee's actions. IGSAs shall model their incident review process after ICE/DRO's process and submit it to ICE/DRO for DRO review and approval. The process must meet or exceed the requirements of ICE/DRO's process." See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(P)(1).

¹⁷ "...The clinical medical authority shall be responsible for review of all health screening forms within 24 hours or next business day to assess the priority for treatment (for example, Urgent, Today, or Routine)." See ICE PBNDS 2008, Standard, Medical Care, Section (V)(I)(1). **This is a Priority Component and a Repeat Deficiency.**

¹⁸ "Distribution of medication shall be in accordance with specific instructions and procedures established by the administrative health authority." See ICE PBNDS 2008, Standard, Medical Care, Section (V)(P).

JUSTICE

GRIEVANCE SYSTEM (GS)

The facility handbook informs detainees of the procedures for filing and resolving an appeal and how to file a complaint directly with DHS. ODO found the facility's handbook does not include procedures for contacting ERO to appeal a facility grievance decision or the facility's policy prohibiting retaliation for submitting a grievance (**Deficiency GS-1**¹⁹).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 16 standards under PBNDS 2008 and one standard under PBNDS 2011 and found the facility compliant with 10 of those standards. ODO found 13 deficiencies in the remaining 7 standards. ODO commends facility staff for their responsiveness during this inspection and notes there were six instances where staff initiated immediate corrective action. ODO also notes the facility significantly reduced the number of deficiencies in the Medical Care area, from six deficiencies in FY 2016 to two deficiencies in FY 2019. Although one Medical Care area-related deficiency is a repeat deficiency, the facility initiated corrective action to ensure the physician documents review of medical screening forms to assess treatment priority.

Of the 14 deficiencies ODO cited, six were administrative in nature, and the facility was able to correct them during the inspection by having the local ERO field office review and approve their policies and/or procedures. ODO noted three **Best Practices**: PCCF's reward program to promote high sanitation levels; the facility's handbook exchange form; and their housing unit communication guide, which increases meaningful staff-detainee communication. ODO recommends ERO work with the facility to resolve any outstanding deficiencies, in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2016 (PBNDS 2008)	FY 2019 (PBNDS 2008)
Standards Reviewed	15	17
Deficient Standards	3	7
Overall Number of Deficiencies	9	13
Deficient Priority Components	4	2
Repeat Deficiencies	0	1
Corrective Actions	3	6

¹⁹ "The facility shall provide each detainee, upon admittance, a copy of the Detainee Handbook / local supplement, in which the grievance section provides notice of:...

- The procedures for contacting ICE/DRO to appeal a decision in a CDF or IGSA facility.
- The policy prohibiting staff from harassing, disciplining, punishing, or otherwise retaliating against any detainee for filing a grievance or contacting the Inspector General."

See ICE PBNDS 2008, Standard, Grievance System, Section (V)(B).