

Office of Professional Responsibility

Clinton County Correctional Facility

Compliance Inspection 2025-001-065

January 14-16, 2025



U.S. Immigration
and Customs
Enforcement

COMPLIANCE INSPECTION
of the
CLINTON COUNTY CORRECTIONAL FACILITY
McElhatten, Pennsylvania

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COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Acting Team Lead	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 Clinton County Correctional Facility (CCCF) in McElhatten, Pennsylvania, from January 14 to 16, 2025.¹ The facility opened in 1990 and is owned by Clinton County and operated by the Clinton County Prison Board. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at CCCF in 2003 under the oversight of ERO’s Field Office Director in Philadelphia (ERO Philadelphia). ICE is an authorized user of this facility under a United States Marshals Service Intergovernmental Agreement contract, which does not specify an ICE National Detention Standard (NDS). ODO inspected CCCF against NDS 2019, which is the NDS listed on the ERO Custody Management Division Authorized Facility List as of December 16, 2024.²

[REDACTED] A warden handles daily facility operations and manages [REDACTED] support personnel. Aramark provides food services, PrimeCare Medical provides medical care, and Oasis Management Systems provides commissary services at the facility. The facility does not hold any accreditations from any outside entities. In March 2020, CCCF was audited for the Department of Justice (DOJ) Prison Rape Elimination Act (PREA) and was DOJ PREA certified.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ³	[REDACTED]
Average ICE Population ⁴	[REDACTED]
Adult Male Population (as of January 14, 2025)	[REDACTED]
Adult Female Population (as of January 14, 2025)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 11 deficiencies in the following areas: Custody Classification System (1); Medical Care (3); Post Orders (5); Searches of Detainees (1); and Sexual Abuse and Assault Prevention and Intervention (1).

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

² For ODO inspections beginning in 2024, ERO Custody Management Division requested ODO inspect all United States Marshals Service Intergovernmental Agreement facilities, not contractually obligated to an ICE NDS, to NDS 2019.

³ Data Source: ERO Custody Management Division Authorized Facility List as of January 13, 2025.

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. 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.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 NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{6,7}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	0
Transportation by Land	0
Sub-Total	2
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Use of Force and Restraints	1
Special Management Units	0
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	1
Part 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Medical Care	1
Significant Self-Harm and Suicide Prevention and Intervention	0
Terminal Illness and Death	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	1
Part 5 - Activities	
Recreation	0
Visitation	0
Sub-Total	0
Part 6 - Justice	
Detainee Handbook	0
Grievance System	0
Legal Rights Group Presentations	0
Sub-Total	0
Total Deficiencies	2

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

⁷ 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.

DETAINEE RELATIONS

ODO interviewed 46 detainees, who each voluntarily agreed to participate. One detainee alleged a facility staff member made an inappropriate sexual comment toward him. Most detainees reported satisfaction with facility services except for the concerns listed below.

Medical Care: One detainee stated he did not receive the eyeglasses the facility ordered for him in November 2024.

- Action Taken: ODO interviewed the facility's health services administrator (HSA), reviewed the detainee's medical records, and confirmed an outside ophthalmologist at Price Optical prescribed and ordered the detainee's multi-focal eyeglasses on November 19, 2024. On January 3, 2025, the detainee submitted a request for his prescription eyeglasses, medical staff confirmed the eyeglasses were ordered, but did not provide the detainee a delivery date. On January 13, 2025, a facility captain notified the detainee to expect delivery of his glasses in approximately 2 weeks.

Medical Care: One detainee stated he would like to continue receiving Tylenol after his tooth extraction on January 7, 2025, instead of ibuprofen that he currently receives.

- Action Taken: ODO interviewed the facility's HSA, reviewed the detainee's medical records, and found the detainee submitted a sick call request for tooth pain on January 7, 2025. On the same day, the facility dentist examined the detainee and extracted a severely decayed wisdom tooth with the detainee's consent. The dentist immediately prescribed the detainee Tylenol (650 mg) and Motrin (600 mg). Additionally, the dentist prescribed the following medications: Tylenol (325 mg), 2 tablets, twice per day, for 5 days; Motrin (600 mg), 1 tablet, 3 times per day, for 10 days; and amoxicillin (500 mg), 1 capsule, 3 times per day. On January 11, 2025, the detainee reported facial pain. A facility licensed practical nurse (LPN) examined the detainee and diagnosed a possible infection. The LPN educated the detainee on proper oral hygiene and instructed him to report worsening or continued symptoms. On January 13, 2025, a nurse practitioner examined the detainee and found no infection. Facility staff scheduled the detainee for a follow-up examination with the dentist for January 21, 2025. On January 16, 2025, ODO interviewed the HSA and found medical staff planned to examine the detainee during sick call later that day. ODO confirmed the HSA informed the detainee he could submit a sick call request to resume his previous Tylenol prescription.

Sexual Abuse and Assault Prevention and Intervention: One detainee stated a facility lieutenant made an inappropriate sexual comment toward him.

- Action Taken: On January 14, 2025, ODO terminated the interview with the detainee upon hearing the detainee’s sexual harassment claim and called a facility captain into the interview room. The facility captain interviewed the detainee and immediately escorted him to medical for a PREA assessment. ODO notified the Assistant Field Office Director (AFOD) of the incident who then referred it to the OPR Integrity Coordination Center for PREA review and issued case number SA-API-0007434. On January 15, 2025, the AFOD followed up with ODO and provided documentation that the incident did not meet PREA criteria, because the detainee did not feel threatened or coerced to engage in a sexual act. ODO followed up with the facility captain to inform him the PREA complaint was unfounded. The facility captain followed up with the detainee to explain the incident did not meet PREA criteria and the detainee acknowledged understanding.

COMPLIANCE INSPECTION FINDINGS

SAFETY

TRANSPORTATION BY LAND (TL)

ODO reviewed the facility’s TL policy and found the facility did not develop nor post written guidelines for locating an overdue vehicle, which ODO noted as an **Area of Concern**.

ODO reviewed the facility’s TL policy and found the written procedures did not cover attacks, death, fire, vehicle failures, nor natural disasters, which ODO noted as an **Area of Concern**.

SECURITY

USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed 2 immediate UOFR videos and 2 after-action reports and found on November 2, 2024, a facility staff member used a taser on a detainee in a manner inconsistent with facility policy, procedures, and training requirements (SEN Number: 2025SIR0001631) (**Deficiency UOFR-20⁸**). **This is a priority component.**

Corrective Action: Following the facility’s after-action review of the UOFR incident, the facility’s deputy warden administered disciplinary action, rescinded taser certification, and recommended retraining for the staff member who violated the facility’s UOFR policy. Additionally, facility management scheduled refresher training for the staff member in February 2025 and prohibited the staff member from performing duties with the UOF team

⁸ “Facility staff shall only use force, restraints, and non-lethal weapons that are approved by facility policy in a manner consistent with policy, procedure, and training requirements.” See ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(C).

until facility management completes a full reevaluation (C-1).

CARE

MEDICAL CARE (MC)

ODO reviewed ■ medical records and found in ■ out of ■ records, medical staff conducted the detainee’s physical examination on December 26, 2024, 21 days after the detainee’s arrival (Deficiency MC-27.⁹). **This is a priority component.**

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 21 standards under NDS 2019 and found the facility in compliance with 19 of those standards. ODO found two deficiencies in the remaining two standards. Since CCCF’s last rated inspection in January 2024, the facility’s level of compliance with NDS 2019 has trended upward. CCCF went from 11 deficiencies in 5 standards in January 2024 to 2 deficiencies in 2 standards, which included 2 priority components, during this most recent inspection. CCCF completed its uniform corrective action plan for its last inspection in July 2024, which likely resolved the previous deficiencies ODO cited. 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 2024 Full Inspection (NDS 2019)	FY 2025 Full Inspection (NDS 2019)
Standards Reviewed	24	21
Deficient Standards	5	2
Overall Number of Deficiencies	11	2
Priority Component Deficiencies	2	2
Repeat Deficiencies	0	0
Areas Of Concern	0	2
Corrective Actions	0	1
Facility Rating	Acceptable/Adequate	Good

⁹ “The facility will conduct and document a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee’s arrival at the facility.” See ICE NDS 2019, Standard, Medical Care, Section (II)(E).



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