

Office of Professional Responsibility

Pike County Correctional Facility Inspection 2024-002-393

August 27-29, 2024



U.S. Immigration
and Customs
Enforcement



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
2024-002-393**

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

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

August 27-29, 2024

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
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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 follow-up compliance inspection of the Pike County Correctional Facility (PCCF) in Lords Valley, Pennsylvania, from August 27 to 29, 2024.¹ This inspection focused on the standards found deficient during ODO’s last inspection of PCCF from February 27 to 29, 2024. 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 October 2022. 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 ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of August 27, 2024)	[REDACTED]
Adult Female Population (as of August 27, 2024)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 6 deficiencies in the following areas: Detainee Transfers (5) and Religious Practices (1).

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 Custody Management Division Authorized Facility List as of August 26, 2024.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts biannual oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more detainees, and where detainees are housed for longer than 72-hours, to assess compliance with ICE National Detention Standards. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all over-72-hour ICE detention facilities with an ADP of 10 or more detainees that ODO conducted a full inspection of earlier in the FY. Follow-up inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, and other standards ODO found deficient during the previous rated inspection to assess the facility's corrective actions taken to address those previously cited deficiencies.⁴

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.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which 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 the full and follow-up 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
Facility Security and Control	0
Funds and Personal Property	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	0
Part 5 - Activities	
Religious Practices	0
Telephone Access	0
Sub-Total	0
Part 6 - Justice	
Grievance System	0
Sub-Total	0
Part 7 - Administration and Management	
Detainee Transfers	0
Sub-Total	0
Total Deficiencies	0

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

⁶ 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 19 detainees, who each voluntarily agreed to participate. ODO attempted to interview three additional detainees; however, all three detainees declined ODO's request for an interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concern listed below.

Medical Care: One detainee stated having a mass on his abdomen that was causing him pain.

- Action Taken: ODO interviewed the health services administrator, reviewed the detainee's medical file, and found the detainee arrived at the facility on May 15, 2024. The detainee did not state during his medical evaluation any reference to a mass on his abdomen nor did he submit a sick call request. On August 27, 2024, at ODO's request, a nurse practitioner (NP) evaluated the detainee, detected a mass on his abdomen, notified the provider, and the provider approved an ultrasound examination. On August 28, 2024, the NP conducted an ultrasound and found a 1-centimeter superficial solid mass of the first consideration lipoma (fatty tissue). On September 5, 2024, an NP reviewed the results of the ultrasound with the detainee, stated no need for medication nor follow-up care, and instructed the detainee to return to medical if the pain worsened. The detainee acknowledged understanding and returned to his housing unit.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

ODO had no findings during the inspection.

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 all 17 standards. Since PCCF's last full inspection in February 2024, the facility's compliance with PBNDS 2011 (Revised 2016) has trended upward. PCCF went from 2 deficient standards and 6 deficiencies in February 2024 to no deficient standards and no deficiencies during this follow-up compliance inspection. PCCF completed its UCAP for its last inspection in February 2024, which likely resolved the previous deficiencies cited by ODO. ODO recommends ERO Philadelphia continue to work with the facility to maintain its high-level of compliance with PBNDS 2011 (Revised 2016).

Compliance Inspection Results Compared	FY 2024 Full Inspection (PBNS 2011) (Revised 2016)	FY 2024 Follow-Up Inspection (PBNS 2011) (Revised 2016)
Standards Reviewed	29	17
Deficient Standards	2	0
Overall Number of Deficiencies	6	0
Priority Component Deficiencies	0	0
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Good	N/A



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