

March 10, 2021

TO: [REDACTED]
Assistant Director Custody Management

FROM: [REDACTED]
Lead Compliance Inspector
The Nakamoto Group, Inc.

SUBJECT: **Annual Inspection of the Pulaski County Detention Center**

The Nakamoto Group, Inc. performed an annual inspection for compliance with the ICE Performance-Based National Detention Standards (PBNDS) 2011 of the Pulaski County Detention Center in Ullin, Illinois during the period of March 8-10, 2021. This is an IGSA.

The annual inspection was performed under the guidance of [REDACTED], Lead Compliance Inspector. Team members were:

Subject Matter Field	Team Member
Detainee Rights	[REDACTED]
Security	[REDACTED]
Medical Care	[REDACTED]
Medical Care	[REDACTED]
Safety	[REDACTED]

Type of Inspection

This is a scheduled annual inspection which is performed to determine overall compliance with the ICE PBNDS 2011 for Over 72-hour facilities. The facility received a rating of Meets Standards during the March 2020 annual inspection.

Inspection Summary

The Pulaski County Detention Center is currently accredited by:

- The American Correctional Association (ACA) - No
- The National Commission on Correctional Health Care (NCCHC) - Yes
- The Joint Commission (TJC) - No
- Prison Rape Elimination Act (PREA) - Yes

Standards Compliance

The following information is a summary of the standards that were reviewed and overall compliance that was determined as a result of the 2020 and 2021 PBNDS annual inspections:



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2020 Annual Inspection	
Meets Standards	41
Does Not Meet Standards	0
Repeat Finding	0
Not Applicable	1

2021 Annual Inspection	
Meets Standards	40
Does Not Meet Standards	1
Repeat Finding	0
Not Applicable	2

The inspection team identified thirty (30) deficient components in the following sixteen (16) standards:

Emergency Plans – 1
Environmental Health and Safety – 1
Funds and Personal Property – 1, which is a repeat deficiency
Key and Lock Control – 1
Searches of Detainees – 1
Sexual Abuse and Assault Prevention and Intervention – 1, which is a priority component
Use of Force and Restraints – 6, of which two are priority components and one is a repeat deficiency
Food Service – 3
Hunger Strikes – 1
Medical Care – 1, which is a priority component
Significant Self-Harm and Suicide Prevention and Intervention – 1, which is a priority component
Disability Identification, Assessment and Accommodation – 1
Visitation – 2, both are priority components
Detainee Handbook – 1
Grievance System – 1
Staff Training – 7, the standard is rated as Does Not Meet Standard

Facility Snapshot/Description

The Pulaski County Detention Center is operated under the jurisdiction of the Pulaski County Sheriff's Office. The facility is located on the southern tip of Illinois approximately thirty miles north of Paducah, Kentucky.

The remaining population is comprised of Pulaski and surrounding county inmates and U.S. Marshal Service detainees.

The facility was built in 1997. It is a stand-alone single story building. The exterior walls of the building and two twelve-foot chain link fencing sections around the outdoor recreation yards serve as the complete secure perimeter. The fence lines are supplemented with razor ribbon on top; there are no detection system on the fencing lines. The facility is encircled by a perimeter road that is irregularly patrolled by an armed officer in a vehicle when detainees are using the outdoor recreation yard, and an unarmed officer at all other times. Surveillance cameras offer visibility around the entire perimeter, into the housing units, the common areas, and interior movement corridors. All exterior building doors are controlled by central control staff and are under constant camera surveillance. The facility is equipped with a surveillance camera network that is monitored 24 hours a day.

There are eight individual general population housing units of which two are currently dedicated for ICE detainees. All housing units are either a dormitory design ranging in size from fifty to 56 beds or a two-tier cell block configuration each with six two-bed cells upstairs and six cells downstairs. There is one special management unit (SMU) for housing male administrative and disciplinary segregation status detainees; it contains eight two-bed cells. Female SMU detainees are sheltered in place inside their assigned housing unit. There were two ICE detainees housed in the SMU in administrative segregation status dur-



ing this inspection. The health care unit has two separate negative air pressure observation rooms; each with one bed. Sections of some of the housing units are currently used as COVID-19 quarantine/isolation wings. The population and demand for these beds changes daily. There were two active COVID-19 cases in the facility during this inspection.

Each general population living area has a common dayroom which is equipped with a television, fixed table/chair units for detainees to eat their meals, play games, and gather for conversation. There are two video-visit stations in each housing unit. There are no tablets or kiosks. Weekly commissary orders are placed on the housing units' telephones. Housing unit telephones are provided at the optimum level of at least one telephone for every ten detainees. The facility handbook and all announcements, schedules and information bulletins are posted in the housing units. Detainees are provided daily indoor and outdoor recreation.

Sign-up sheets were posted in the housing units asking for volunteers to be interviewed by the inspection team; only four expressed an interest. All four were interviewed. Three of the detainees were general population and one was from the SMU in administrative segregation status; one of the interviews required the use of a language line. Overall detainees were satisfied with the food, their medical treatment, the cleanliness of the facility, law library access, mail service, and law library services. All of the detainees stated they received a copy of the facility handbook during intake. One detainee complained of an untreated medical condition. This issue was discussed with the health services administrator by the medical SME and was found to be untrue. The detainees reported they do not see ICE/ERO personnel on a regular basis but can speak to them on the phone, but their written requests are promptly answered. None of the detainees stated they had filed a grievance, but they were made aware of the OIG resource.

There were general comments about the detainees not being able to see their ICE/ERO officer in the housing unit. This situation was discussed by the LCI/detainee rights SME with the COR/deportation officer assigned to the facility. Current edicts issued by ICE/ERO headquarters prohibits staff from entering the housing units due to COVID-19 conditions. Communication is currently carried on through written communications which detainees stated they liked the availability and reliability of the service.

Most of the detainees were concerned about COVID-19 conditions and their overall health, but understood the practices put in place were for everyone's protection and safety. The safety protocols in place adhere to public health guidelines and ICE/ERO mandates.

An assessment of the general cleanliness of the facility could not be determined due to the remote nature of the inspection.

Medical services are provided by Vital Core and county employees. Food service and maintenance services are Pulaski County employees. Detainee telephone are provided by NCIC Inmate Calling Solutions. Video-visit stations are managed by HomeWAV. ICE detainees are not charged medical co-pays.

Areas of Concern/Significant Observations

The inspection was conducted remotely and inspectors were unable to personally observe practices and procedures within the facility. The inspection team relied upon photographs and/or videos to validate the observation of many standards.

The facility is providing the following optimal levels of service as described in the standards in: 2.12 – Special Management Units (SMU), detainees in the SMU in disciplinary segregation status receive a daily recreation period of one hour per day, and SMU administrative segregation status detainees receive two hours of daily recreation per day; 2.15 – Use of Force and Restraints, use of force audiovisual records are



retained by the facility for at least one year after litigation or any investigation has concluded or been resolved; 2.3 – Medical Care, the facility is NCCHS accredited; 2.4 – Medical Care (Women), the facility is NCCHS accredited; 5.4 - Recreation, special management unit (SMU) detainees in administrative segregation status are provided outdoor recreation daily for two hours, and SMU detainees in disciplinary segregation status are provided outdoor recreation daily for one hour; 5.6 - Telephone Access, the housing units are providing telephones at a ratio of one phone for every ten detainees; and 6.3 - Law Libraries and Legal Materials, detainees are provided law library access hours for more than fifteen hours per week;

There were seven priority components rated Does Not Meet Standard. Several non-priority components were rated Does Not Meet Standard due to the absence of annual training through this inspection period due to COVID-19 conditions and imposed restrictions. The Staff Training standard is rated as Does Not Meet Standard due to no annual training provided to all staff through this inspection period as required in several standards. Due to seven priority deficiencies and the failure of the Staff Training standard, the recommended rating for the facility inspection is Does Not Meet Standards. Details are as follows:

2.11 – Sexual Abuse and Assault Prevention and Intervention

Component 4: PRIORITY: Training on the facility's SAAPI Program is included in initial and annual refresher training for employees, volunteers, and contract personnel, and addresses all training topics required by the Detention Standard. The facility maintains written documentation verifying employee, volunteer, and contractor training.

Finding: Per the captain and OIC, annual refresher training was not completed for all staff due to the COVID-19 pandemic.

Recommendation: The facility must supply SAAPI related training to all employees, volunteers and contractors during annual training.

2.15 – Use of Force and Restraints

Component 3: PRIORITY: All officers receive training in self-defense, confrontation avoidance techniques and the use of force to control detainees. Specialized training is given to officers ensuring they are certified in all devices including chemical agents approved for use.

Finding: A review of training records and staff interviews confirmed not all staff received their annual use-of-force training during this inspection period due to COVID-19 restrictions.

Recommendation: The facility must conduct the required annual training for all staff in self-defense, confrontation avoidance techniques, and use of force to control detainees.

Component 4: PRIORITY: Staff will consult with medical staff prior to a calculated use of force regarding the following:

- Use of pepper spray/non-lethal weapons;
- Pregnant detainees or detainees in post-delivery recuperation;
- Detainees with wounds or cuts; and
- Detainees with special needs to include detainees with physical, intellectual, and/or development-



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tal disabilities and detainees with a mental health condition that may impair their ability to understand the situation.

Finding: Policy requires security staff consult with health care providers prior to a calculated use of force regarding items listed in the component. In one use-of-force situation, a sergeant deployed Oleoresin Capsicum (O/C) on a detainee confined in a cell before medical was consulted.

Recommendation: Security staff must be instructed to consult with health care providers prior to any calculated use of force.

4.3 - Medical Care

Component 50: PRIORITY: Training is provided to all detention and health care personnel at least annually by a responsible medical authority in cooperation with the facility administrator, and includes:

- Responding to health-related situations within four (4) minutes;
- Recognizing of signs of potential health emergencies and the required responses;
- Administering first aid, AED, and cardiopulmonary resuscitation (CPR);
- Obtaining emergency medical assistance through the facility plan and its required procedures;
- Recognizing signs and symptoms of mental illness and suicide risk;
- The facility's established plan and procedures for providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital or other medical services, including by ambulance when indicated.

Finding: Per the OIC and training coordinator, not all staff received training on the bulleted items of the component during annual training due to the COVID-19 pandemic.

Recommendation: The facility must provide related training annually to all detention and medical personnel.

4.6 - Significant Self-Harm and Suicide Prevention and Intervention

Component 3: PRIORITY: All facility staff who interact with and/or are responsible for detainees are trained during orientation and at least annually on the facility's Suicide Prevention and Intervention Program, to include:

- Why the environments of detention facilities are conducive to suicidal behavior;
- Standard first aid training, cardiopulmonary resuscitation (CPR) training and training in the use of emergency equipment;
- Liability issues associated with detainee suicide;
- Recognizing verbal and behavioral cues that indicate potential suicide;
- Demographic, cultural, and precipitating factors of suicidal behavior;
- Responding to suicidal and depressed detainees;
- Communication between correctional and health care personnel;
- Necessary referral procedures;
- Housing observation and suicide-watch procedures;
- Follow-up monitoring of detainees who have attempted suicide; and
- Reporting and written documentation procedures.

Finding: Per the OIC and training coordinator, not all staff who interact with detainees received annual training on suicide prevention and intervention during the past year.

Recommendation: All facility staff who interact with and/or are responsible for detainees must receive annual training on the facility's Suicide Prevention and Intervention Program.

5.7 - Visitation

Component 5: PRIORITY: General visitation is permitted during set hours on Saturdays, Sundays, and holidays, and, to the extent practicable, the facility also establishes visiting hours on weekdays and during evening hours. The facility accommodates the scheduling needs of visitors for whom scheduled visiting hours pose a hardship. The number of visitors a detainee receives and the length of visits are limited only by reasonable constraints of space, scheduling, staff availability, safety, security, and good order.

Finding: Currently, all general visitation occurs on a fee-based video-visit format through the housing units' video-visit stations. There is no accommodation extended for a no charge video-visit. Special visit accommodations are made for hardship circumstances, per the visitation captain, but that does not include a free video-visit. Currently, general visits are not limited in duration, but a one hour video-visit is cost prohibitive to most detainees. The number of visitors, the length of a visit and the format of a visit adhere to the constraints of space, security and staff availability, and the current mandate enacted by ICE directive in March 2020, which stated all on-site general visitation is to be halted until further notice.

Recommendation: Provide an accommodation for a non-contact and/or video-visit that is safe and does not charge a fee.

Component 9: PRIORITY: The facility's written rules shall specify time limits for visits. Visits should be for the maximum period practicable but not less than one hour with special consideration given to family circumstances and individuals who have traveled long distances.

Finding: Written visitation rules limit general family visits to one hour. Currently, general visits are not limited in duration, but a one hour video-visit would be cost prohibitive to most detainees. The number of visitors, the length of a visit and the format of a visit adhere to the constraints of space, security and staff availability, and the current mandate enacted by ICE directive in March 2020, which stated all on-site general visitation is to be halted until further notice.

Recommendation: Provide an accommodation for a non-contact and/or video-visit that is safe and does not charge a fee.

7.3 - Staff Training – Does Not Meet Standard

Policy: This detention standard ensures that facility staff, contractors and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing training.

Finding: Annual training was not provided to all facility staff/employees as required by the standard.

Recommendation: Provide annual training to all facility employees as required by the standard.

Recommended Rating and Justification

The Lead Compliance Inspector recommends that the facility receive a rating of Does Not Meets Standards unless unobserved practices and conditions are contrary to what was reported to the inspection team. The facility does not comply with all of the ICE Performance-Based National Detention Standards (PBNDS) 2011 for Over 72-hour facilities. One (1) standard was rated as Does Not Meet Standard and two (2) standards were Not Applicable (N/A). All remaining forty (40) standards were found to Meet Standards.

LCI Assurance Statement

The findings of compliance and noncompliance are accurately and completely documented on the G-324A Inspection Form and are supported by documentation in the inspection file. A call-in out brief was conducted at the facility and in addition to the entire Nakamoto Group, Inc. Inspection Team, the following were present:

- ICE Officials - [REDACTED]
- Facility Staff - [REDACTED]

[REDACTED]

Jack T. Hartwig, Lead Compliance Inspector

March 10, 2021

Printed Name of LCI

Date