



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

Office of Detention Oversight Compliance Inspection

Enforcement and Removal Operations
Chicago Field Office
McHenry County Adult Correctional Facility
Woodstock, Illinois

February 14 - 16, 2012

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**COMPLIANCE INSPECTION
MCHENRY COUNTY ADULT CORRECTIONAL FACILITY
CHICAGO FIELD OFFICE**

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EXECUTIVE SUMMARY

The Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO) conducted a Compliance Inspection (CI) of the McHenry County Adult Correctional Facility (MCACF) in Woodstock, IL, from February 14-16, 2012. MCACF is owned and operated by McHenry County and has been open since 1991. MCACF houses U.S. Immigration and Customs Enforcement (ICE) detainees under an intergovernmental service agreement (IGSA) between the U.S. Marshals Service and the McHenry Adult Correctional Facility that has been in effect since 2003. Male and female detainees of all three classification levels are detained at the facility. The McHenry County Sheriff's Office (MCSO) oversees security operations and maintenance services. MCACF has a total capacity of 650 beds, of which 268 are allocated for ICE detainees. At the time of the CI, 229 ICE detainees, 215 males and 14 females, were housed at MCACF. Correct Care Solutions provides medical care, and Aramark provides food services. The facility has current accreditation by the American Correctional Association (ACA) and is awaiting accreditation from the National Commission on Correctional Health Care (NCHC), which conducted an initial accreditation survey in November 2011.

The ICE Office of Enforcement and Removal Operations (ERO) Field Office Director, Chicago, IL (FOD/Chicago) is responsible for ensuring facility compliance with ICE policies and the National Detention Standards (NDS). The Assistant Field Office Director (AFOD), who is located at the FOD/Chicago office, maintains oversight of MCACF. There are no ICE personnel physically located at MCACF. A Detention Service Manager (DSM) covers several detention facilities within the FOD/Chicago area of responsibility, and conducts oversight activities approximately once a week at MCACF. Immigration Enforcement Agents (IEAs) and Deportation Officers (DOs) conduct visits to MCACF several times a week to address removal case management inquiries, and detainee requests and concerns. Facility staff includes (b)(7)e full-time, non-ICE employees. The McHenry County Sheriff is the highest ranking official at MCACF, and the Chief of Corrections is responsible for oversight of daily operations. Supervisory staff is comprised of a Deputy Chief of Corrections, (b)(7)e Lieutenants, and (b)(7) Sergeants.

ODO conducted a Focus Review (FR) of MCACF in October 2009, and a Follow-up Inspection in October 2010. ODO found 32 deficiencies during the October 2009 FR within the following 15 standards: Access to Legal Material; Detainee Classification System; Detainee Grievance Procedures; Detention Files; Emergency Plans; Environmental Health and Safety; Food Service; Key and Lock Control; Medical Care; Post Orders; Special Management Unit; Telephone Access; Terminal Illness, Advance Directive, and Death; Tool Control; and Visitation. During the October 2010 Follow-up Inspection, ODO found two repeated deficiencies in Medical Care. ODO observed that detainees were not provided privacy during health examinations and treatment. ODO also found three out of 14 detainees who tested positive for tuberculosis (TB) were not given a chest X-ray in a timely manner after admission to the facility.

In July, 2011, ERO Detention Standards Compliance Unit contractor, MGT of America, Inc., conducted an annual review of the ICE National Detention Standards (NDS) at MCACF. The

facility received an overall rating of "Acceptable," and was found compliant in all 37 standards reviewed.

During this CI, ODO reviewed a total of 17 NDS. Five deficiencies were identified in the following standards: Access to Legal Material (1 deficiency), Admission and Release (1), Detainee Handbook (1), Environmental Health and Safety (1), and Medical Care (1).

This report details all deficiencies and refers to the specific, relevant sections of the ICE NDS. OPR will provide ERO a copy of the report to assist in developing corrective actions to resolve the five identified deficiencies. Deficiencies were discussed with MCACF personnel on-site during the inspection, as well as during the closeout briefing conducted on February 16, 2012.

Overall, ODO found MCACF to be well-managed and in compliance with the areas and standards inspected. The five deficiencies identified were administrative in nature, such as incomplete or improperly filed paperwork, incomplete logs, and procedures not conducted to fully address ICE NDS requirements. The presence of very few deficiencies can be attributed to the fact that MCACF and ICE have employees assigned to oversee NDS compliance issues. MCACF has a designated administrative Lieutenant assigned to accreditations and standard compliances. Also, ERO has a DSM conduct weekly inspections and annual reviews of the facility. Both meet at least once a month to address detainee and NDS compliance issues.

ODO found the MCACF medical care unit is well managed, and adequate staffing exists. Only one deficiency was found which involved an issue relating to TB testing. A review of 40 detainee records reflected one detainee did not receive a purified protein derivative (PPD) screening until nine days after arrival, which was found to be excessively late. ODO was informed the delay was attributable to the fact the detainee was admitted to MCACF as a county inmate, for whom PPD screening does not occur until the 14-day physical examination (PE) per facility policy. When the inmate converted to ICE detainee status two days after arrival, the TB screening did not take place. The screening occurred seven days after conversion to ICE detainee status and, as noted, nine days after arrival.

Clinic staff includes a full-time Health Service Administrator (HSA) who is a registered nurse (RN) (b)(7)e full time RNs, (b)(7)e part time RNs, (b)(7)e as-needed RNs, (b)(7)e full-time Licensed Practical Nurses (LPN) (b)(7)e as-needed LPNs (b)(7)e Emergency Medical Technician-Paramedics (EMT-P), and a full-time Licensed Certified Social Worker (LCSW). There were no medical staff vacancies. The HSA is on call during non-business hours.

Initial medical intake screening is conducted by MCACF detention officers within eight hours of detainees' arrival at the facility. ODO found physical exams (PEs) are conducted by a licensed provider within ten days of arrival, exceeding the 14 day requirement. Procedures for accessing medical services are posted in housing units and are covered in the detainee handbook, which is available in English and Spanish. The sick call forms are placed in locked boxes accessible only by the nursing staff. Nurses conduct sick call seven days a week, and address requests within 24 hours using a set of medically-approved nursing protocols.

ODO reviewed all medical staff credentials and found all staff have current licenses and cardiopulmonary resuscitation (CPR) certifications. The providers had current Drug Enforcement Administration (DEA) licenses on file. ODO also reviewed MCACF suicide prevention policies and training curriculum, and the training records of all medical staff members and ten custody staff. All were found to have current training on suicide prevention and intervention.

The SMU is a two-tiered unit with 12 secure cells, day room, shower, video station for visitation, and telephone. The SMU is well ventilated, adequately lit, appropriately heated, and maintained in a sanitary condition. ODO's review of the Special Management Unit (SMU) NDS found detainees in the SMU received timely responses to sick call requests and appropriate medical care and intervention. MCACF provides detainees in SMU with one hour of indoor recreation and a shower seven days per week, exceeding the NDS requirement. During the review there was one male detainee in administrative segregation. A multi-disciplinary team of counselors, custody, and medical and mental health staff meets weekly to discuss the needs and issues of the detainee in SMU. SMU detainees are reviewed weekly by the Lieutenant of Corrections. This consists of an interview with the detainee and an administrative review by the classification committee.

Detainees have access to a variety of recreational activities including a dedicated day room used for leisure time activities such as playing board games and watching television. Exercise rooms, equipped with restrooms and drinking water, are available for detainee use and allow access to fresh air and natural light. Detainees have access to the exercise rooms every day of the week for up to one hour a day.

MCACF uses a Corrections Emergency Response Team (CERT) in calculated use of force incidents. CERT team members are trained in confrontation avoidance and use of force team techniques, to include the use of authorized non-lethal weapons. Video recording of use of force incidents is enhanced by MCACF's use of micro-video and audio cameras. These cameras are hands-free and small enough to attach to staff members' shirts or vests. Micro-cameras are used routinely by Shift Sergeants, CERT Operators, and the Booking Sergeants, and their use is considered a best practice because they facilitate video recording of immediate as well as calculated use of force incidents.

During the past 12 months there were two immediate and one calculated use of force incidents involving ICE detainees. NDS protocols were followed in each incident, to include medical exams and notifications to ICE. MCACF completes a Use of Force After-Action Review Report to document actions taken during an incident and address any areas of non-compliance with policy or the standard. The final report is reviewed by the Chief of Corrections and forwarded to ICE. By definition, an immediate use-of-force situation is created when detainee behavior constitutes a serious and immediate threat to self, staff, another detainee, property, or the security and orderly operation of the facility. It may be necessary for staff to respond to these situations without a supervisor's direction or presence. A calculated use of force occurs when there is no immediate threat to the detainee or others, and time is available for officers to formulate strategy, and assess the possibility of resolution in the least confrontational manner.

ICE detainees are classified by ICE officials at FOD/Chicago prior to their arrival at MCACF using the detainee classification system primary assessment form. Detainees are then moved from FOD/Chicago to MCACF, and housed according to their classification level. ODO verified male and female detainees are kept separate at all times, and Level One detainees are not housed with Level Three detainees.

MCACF has a satellite system of meal service where meals are provided to detainees in their housing units. ODO verified all detainees and Aramark employees received medical clearances to work in food service. The master 35-day cycle menu was certified by a registered dietitian. Sanitation was acceptable and equipment was found to be in working order. Detainees with special medical or religious needs can be accommodated with a special diet, upon request. Documentation was provided which stated food service operations were last inspected by the McHenry County Public Health Department on November 14, 2011. Daily searches of work areas in food service are conducted as a standard operating procedure. Detainees are searched at the beginning and end of their assigned shift by MCACF Detention Officers.

MCACF has written policies and procedures which provide for the control and safeguarding of detainees' funds and personal property. Property is properly inventoried and logged in the facility's computer system, and stored in a secured property room. ODO observed the property room was neat and well-organized. To maintain accountability, detainee property bags are audited once each month by the Property Room Officer.

Detainees are not authorized to keep money in their possession. Monies are placed in a sealed envelope and deposited into a drop safe located in the processing area. A receipt is provided to the detainee, with one copy placed in the property bag. All envelopes are removed by the Business Manager and Booking Supervisor the next work day and deposited in detainees' commissary accounts.

MCACF has a grievance system that allows detainees to file informal and formal grievances and appeal grievance decisions. At the time of the CI there were no outstanding grievances. MCACF has (b)(7)e designated Grievance Officers responsible for performing investigations and resolving grievances. A Grievance Committee consisting of managerial staff further attempts to resolve grievances if appealed or disagreement with a decision is encountered. ODO found that request forms were being used in lieu of formal grievance forms. ODO addressed this issue with MCACF staff, and immediate corrective actions were taken. ODO verified new grievance forms were distributed throughout MCACF detainee housing units prior to the completion of the CI. ODO reviewed the facility's ERO Daily Logbook and found a DO or an IEA visits the detainees' housing and activity areas on a weekly basis to address their concerns and requests, and to monitor the living conditions. ODO verified the schedules of ERO visits, which are posted in the detainee housing areas, indicate the detainees' assigned DOs.

ODO verified detainees have access to telephones and to video telephones used for visitation; both types are available in each housing unit. Additionally, all telephones were in working order.

INSPECTION PROCESS

ODO inspections evaluate the welfare, safety, and living conditions of detainees. ODO primarily focuses on areas of noncompliance with the ICE National Detention Standards (NDS) or the ICE Performance Based National Detention Standards (PBNDS), as applicable. The NDS apply to MCACF. In addition, ODO may focus its inspection based on detention management information provided by the ERO Headquarters (HQ) and ERO field offices, and on issues of high priority or interest to ICE executive management.

ODO reviewed the processes employed at MCACF to determine compliance with current policies and detention standards. Prior to the inspection, ODO collected and analyzed relevant allegations and detainee information from multiple ICE databases, including the Joint Integrity Case Management System (JICMS), the ENFORCE Alien Booking Module (EABM), and the ENFORCE Alien Removal Module (EARM). ODO also gathered facility facts and inspection-related information from ERO HQ staff to prepare for the site visit at MCACF.

REPORT ORGANIZATION

This report documents inspection results, serves as an official record, and is intended to provide ICE and detention facility management with a comprehensive evaluation of compliance with policies and detention standards. It summarizes those NDS that ODO found deficient in at least one aspect of the standard. ODO reports convey information to best enable prompt corrective actions and to assist in the on-going process of incorporating best practices in nationwide detention facility operations.

OPR classifies program issues into one of two categories: deficiencies and areas of concern. OPR defines a deficiency as a violation of written policy that can be specifically linked to the NDS, ICE policy, or operational procedure. OPR defines an area of concern as something that may lead to or risk a violation of the NDS, ICE policy, or operational procedure. When possible, the report includes contextual and quantitative information relevant to the cited standard. Deficiencies are highlighted in bold throughout the report and are encoded sequentially according to a detention standard designator.

Comments and questions regarding the report findings should be forwarded to the Deputy Division Director, OPR Office of Detention Oversight.

INSPECTION TEAM MEMBERS

(b)(6), (b)(7)c

Special Agent (Team Leader)
Special Agent
Special Agent
Contract Inspector
Contract Inspector
Contract Inspector

ODO, Houston
ODO, Houston
ODO, Houston
Creative Corrections
Creative Corrections
Creative Corrections

OPERATIONAL ENVIRONMENT

INTERNAL RELATIONS

ODO interviewed the MCACF Chief of Corrections, Deputy Chief of Corrections, the Administrative Lieutenant, and Correctional Officers. ODO also interviewed the ICE ERO AFOD who oversees MCACF, DOs, and an IEA. ICE staff stated they have the necessary resources to carry out their duties and responsibilities, and staffing is adequate. MCACF and ICE staff stated the working relationship between both organizations is excellent. MCACF holds weekly meetings with ERO to address and resolve detainee issues at the facility. Both MCACF and ERO stated that morale was good.

The Chief of Corrections stated his personnel have an average of 15 years correctional experience, with a low turnover rate, and current staffing levels are sufficient to handle the current ICE detainee population at MCACF. However, he expressed the need to have permanent ICE personnel located at the facility as a second Video Teleconference Communication (VTC) unit and another courtroom will be available in the future for detainee video immigration hearings. The facility currently has one VTC for detainee immigration hearings.

DETAINEE RELATIONS

ODO randomly selected and interviewed 17 detainees (12 males and 5 females) to assess the overall living and detention conditions at MCACF. Detainees had no complaints regarding visitation, food service, telephone access, the law library, or sending and receiving mail.

Of the detainees interviewed, 11 detainees (65 percent) did not know who their DO was and 12 detainees (71 percent) did not know how to contact a DO. ODO reviewed the facility's ERO Daily Logbook and found a DO or an IEA visits the detainees' housing and activity areas on a weekly basis to address detainees' concerns and monitor the living conditions. ODO also found the schedules of ERO visits, which are posted in the detainee housing areas, indicate the detainees' assigned DOs. The DOs are assigned based on the detainee's alien number.

Nine detainees complained about the medical care and responsiveness to their medical requests. ODO reviewed the medical care at MCACF and found it to be well managed. Care was provided in a timely manner and in consideration of the priority of the requested or required care. Dental care is adequate and provided in accordance with the NDS.

All detainees stated that formal grievance forms are not available in their respective housing units. MCACF uses request forms in lieu of formal grievance documents. Prior to the completion of the ODO CI, MCACF staff drafted formal grievance forms and distributed them to all housing units.

ICE NATIONAL DETENTION STANDARDS

ODO reviewed a total of 17 NDS and found MCACF fully compliant with the following 12 standards:

- Detainee Classification System
- Detainee Grievance Procedures
- Detainee Transfers
- Food Service
- Funds and Personal Property
- Recreation
- Special Management Unit (Administrative)
- Special Management Unit (Disciplinary)
- Staff-Detainee Communication
- Suicide Prevention and Intervention
- Telephone Access
- Use of Force

As these standards were compliant at the time of the review, a synopsis was not prepared for this report.

ODO found deficiencies in the following five standards:

- Access to Legal Material
- Admission and Release
- Detainee Handbook
- Environmental Health and Safety
- Medical Care

Findings for each of these standards are presented in the remainder of this report.

ACCESS TO LEGAL MATERIAL (ALM)

ODO reviewed the Access to Legal Material NDS at MCACF to determine if detainees have access to a law library, legal materials, courts, counsel, and document copying equipment to facilitate the preparation of legal documents. ODO reviewed policies and procedures, and the detainee handbook; inspected the areas designated for law library use; tested computer operations; and interviewed staff and detainees.

ODO confirmed MCACF provides a room dedicated for law library use, which is accessible to detainees. Other than the room, law library materials are also accessed through use of laptop computers equipped with Lexis-Nexis software. All detainees are able to access the law library, and print and fax documents five hours a week. Additional use of the library is available upon request. Detainees may purchase thumb-drives to file any legal documents they may want to save.

In reviewing MCACF law library policies, ODO found the facility does not currently provide assistance to illiterate and non-English speaking detainees who desire to pursue a legal claim with regard to their immigration proceedings or detention status (**Deficiency ALM-1**). ODO discussed this finding with facility management and recommended implementation of a facility-issued policy that establishes procedures meeting the obligations detailed within the standard. Training related to implementation of the policy will prepare staff to offer assistance to detainees encountering these issues.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY ALM-1

In accordance with the ICE NDS, Access to Legal Material, section (III)(L), the FOD must ensure unrepresented illiterate or non-English speaking detainees who wish to pursue a legal claim related to their immigration proceedings or detention and indicate difficulty with the legal materials must be provided with more than access to a set of English-language law books. Facilities shall establish procedures to meet this obligation, such as: (1) helping the detainee obtain assistance in using the law library and drafting legal documents from detainees with appropriate language and reading writing abilities; and (2) assisting in contacting pro bono legal-assistance organizations from the [ICE]-provided list.

If such methods prove unsuccessful in providing a particular non-English-speaking or illiterate detainee with sufficient assistance, the facility shall contact [ICE] to determine appropriate further action.

ADMISSION AND RELEASE (AR)

ODO reviewed the Admission and Release NDS at MCACF to determine if procedures are in place to protect the health, safety, security, and welfare of each person during the admission and release process. ODO interviewed staff, reviewed policies and procedures, and observed the intake processing of detainees.

MCACF has written policies and procedures to protect the health, safety, security, and welfare of each person during the admission and release process. ODO observed the intake area to be adequately staffed. Detainees undergo medical screenings, and are properly searched for contraband or other prohibited items. Personal belongings are searched and inventoried, and documented as required. Detainees are provided appropriate and adequate clothing and bedding based on current climatic conditions. Personal hygiene items are gender-specific, and are replenished as needed.

A review of 45 detention files found ten files did not contain signed documentation indicating the detainees' receipt of the ICE National Detention Handbook (**Deficiency AR-1**). Handbooks provide detainees with critical information on facility rules, procedures, and services. ODO recommends action be taken to ensure handbooks are issued consistently, and acknowledgement of receipt is included in every detainee's detention file.

Detainees who are released from MCACF are transported to the FOD/Chicago office where all release documentation is maintained. Therefore, ODO was not able to evaluate release paperwork during this inspection.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY AR-1

In accordance with the ICE NDS, Admissions and Release, section (III)(A), the FOD must ensure staff will open a detainee detention file as part of the admissions process. This file will contain all paperwork generated by the detainee's stay at the facility.

DETAINEE HANDBOOK (DH)

ODO reviewed the Detainee Handbook NDS at MCACF to determine if the facility provides each detainee with a handbook, written in English and any other languages spoken by a significant number of detainees housed at the facility, describing the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care.

Detainee handbooks are provided in the English and Spanish languages, the primary languages spoken by detainees. A review of the detainee handbook showed the handbook contains all relevant and required content; no omissions were observed. ODO noted the facility does not provide detainees with an orientation video (**Deficiency DH-1**). MCACF personnel advised that an orientation video is currently in production for circulation in the near future. Once available, the orientation video will be played in each housing unit in both the English and Spanish languages.

Another detainee handbook-related deficiency, **Deficiency AR-1**, was cited in the Admission and Release standard.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DH-1

In accordance with the ICE NDS, Detainee Handbook, section (III)(F), the FOD must ensure the facility's orientation video may embellish or supplement the information provided in the handbook, at the OIC's discretion. However, the comprehensiveness of the video has no bearing on the development, production, or distribution of the detainee handbook.

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the Environmental Health and Safety NDS at MCACF to determine if the facility maintains high standards of cleanliness and sanitation, safe work practices and control of hazardous materials and substances. ODO toured the facility, interviewed staff, reviewed policies and procedures, and inspected documentation of inspections, hazardous chemical management and inventories, and fire drills.

ODO verified MCACF maintains a master Material Safety Data Sheets (MSDS) index, which includes a diagram of the locations of all hazardous materials used in the facility. In addition, each location maintains an MSDS binder with site-specific materials. The municipal fire department has reviewed and approved the Fire Prevention, Control and Evacuation Plan. Test reports for the emergency generator, water quality, and pest control were current. Facility sanitation is maintained at an acceptable level.

Both the Safety Officer and Assistant Safety Officer are certified correctional fire safety officers. They prepare scenario-based fire drills, which are conducted on a monthly basis during all three shifts on a rotating basis. Review of fire drill reports revealed emergency keys are not routinely drawn during each drill (**Deficiency EH&S-1**). Verifying the operability of emergency keys assures expeditious egress in the event of an emergency necessitating evacuation. Upon being informed of this deficiency, the facility initiated a revision of the Safety and Emergency Procedures General Order, requiring emergency keys to be drawn and used by appropriate staff to unlock one set of emergency exit doors during each fire drill.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY EH&S-1

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(L)(4)(c), the FOD must ensure emergency-key drills will be included in each fire drill, and timed. Emergency keys will be drawn and used by the appropriate staff to unlock one set of emergency exit doors not in daily use. NFPA recommends a limit of four and one-half minutes for drawing keys and unlocking emergency doors.

MEDICAL CARE (MC)

ODO reviewed the Medical Care NDS at MCACF to determine if detainees have access to healthcare and emergency services to meet health needs in a timely manner. ODO reviewed policies, observed sick call and medication distribution, attended chronic care clinics, and verified credentials and training records of ten custody staff and all medical staff. In addition, 30 detainee medical records were reviewed to assess compliance with requirements for intake screening, physical examinations, sick call, and chronic care follow-up visits; and a total of 40 records were reviewed to confirm TB clearance.

MCACF health care is provided by medical personnel employed by Correct Care Solutions, Inc. (CCS). The facility has current accreditation by the ACA and is awaiting accreditation from the NCCHC, which conducted an initial accreditation survey in November 2011. The medical department has 16-hour nursing coverage from 6:00 a.m. to 10:00 p.m. seven days per week and three EMT-Ps provide coverage from 10:00 p.m. to 6:30 a.m. Clinic staff includes a full-time HSA who is an RN, (b)(7)e full-time RNs, (b)(7)e part-time RNs, (b)(7)e as-needed RNs, (b)(7)e full-time LPNs, (b)(7)e as-needed LPNs, (b)(7)e EMT-Ps, and a full-time LCSW. The HSA is on call during non-business hours. In addition, the medical director is on site 12 hours per week. During an interview, he stated he is available for telephonic consultation 24 hours per day, seven days per week. The staff psychiatrist provides oversight of the mental health program and comes to the facility six hours per week. He indicated he also is on-call during non-business hours, including weekends and holidays. There were no medical staff vacancies.

Detainees are sent to community providers for dental services. A review of the dental log reflected 24 detainees were scheduled for dental services during the week of the review. Emergency response consists of contacting the physician or activating 911-EMS. Emergency phone numbers are clearly posted. The facility has a Memorandum of Understanding (MOU) with the Centegra Memorial Medical Center for evaluation and treatment of detainees as necessary. Pharmacy services are provided through a mail-order pharmacy, with a local pharmacy available to provide medications ordered to begin immediately. Radiology services are provided by a mobile service company that comes to the facility to perform all non-invasive X-rays. Laboratory specimens are sent to a contract laboratory. ODO finds staffing and services are adequate for the size of the population and the level of acuity of MCACF detainees.

Initial medical intake screenings are conducted by security officers within eight hours of detainees' arrivals at the facility. Training in performing the screening function is provided at the entrance academy and during mandatory annual refresher training, completion of which was confirmed by review of training records of ten custody staff. Upon interview, the physician and psychiatrist indicated the intake screening form is reviewed for content and application. Nursing staff collect and review all medical intake screening forms and conduct more comprehensive screenings for all detainees reporting a medical condition, with or without medications. Nursing and custody staff use the Language Line translation service for non-

English speaking detainees. Use of the Language Line was observed by ODO during the review.

Screening for TB is conducted by way of PPD testing. Review of 40 detainee records reflected one detainee did not receive PPD screening until nine days after arrival (**Deficiency MC-1**). ODO was informed the delay was attributable to the fact the detainee was admitted to MCACF as a county inmate, for whom PPD screening does not occur until the 14-day physical examination (PE), according to facility policy. When the inmate converted to ICE detainee status two days after arrival, TB screening did not take place. Screening occurred seven days after conversion to detainee status and, as noted, nine days after arrival. ODO found a second detainee who was not tested for TB until 12 days after arrival. He, too, had converted from inmate to detainee status, though the point at which this occurred could not be determined based on the medical record. Though screening was delayed in both cases, ODO notes intake screening was negative for TB signs of symptoms, and the detainees ultimately were confirmed to be negative for TB. Based on information provided by the HSA, ODO determined the delay in TB screening was the result of a process problem. Medical staff logs all new arrivals on a form documenting County Inmate or ICE Detainee. ICE detainees are screened for TB immediately; county inmates are scheduled for 14 day PEs. There is no system in place to review prisoner status on a daily basis to ensure inmates who become detainees receive immediate screenings. The HSA and the Chief of Security stated they will use daily rosters to identify status changes and ensure detainees are screened for TB in accordance with the standard.

Of the thirty records reviewed, 100 percent reflected PEs are conducted by a licensed provider within ten days of arrival, exceeding the 14 day requirement. ODO confirmed the PEs are thorough and document a hands-on evaluation of systems, vital signs, health history, pain assessment, observations, and appropriate health care plans as needed. Ten records of detainees with chronic conditions were reviewed and found to have appropriate monitoring, care, and intervention, with regular follow-up visits with the provider.

Procedures for accessing medical services are posted in housing units and are covered in the detainee handbook, which is available in English and Spanish. In addition, access to care is explained to detainees during the intake screening. Detainees access services through the use of English and Spanish-version Sick Call Request forms available in the housing units. The sick call forms are placed in locked boxes accessible only by the nursing staff. Nurses conduct sick call seven days a week, and address requests within 24 hours using a set of medically-approved nursing protocols. Referrals to a provider are completed when needed. None of the five female detainees who were interviewed for their opinion on the sick call process and access to the medical services voiced any complaints.

Nursing staff makes rounds in the Special Management Unit (SMU). Review of the medical record of the detainee in the SMU at the time of the inspection reflected he received timely responses to his sick call requests, and appropriate medical care and intervention. A multi-disciplinary team of counselors, custody, and medical and mental health staff meets weekly to discuss the needs and issues of the detainee in SMU.

There are four negative pressure rooms in Receiving & Discharge for housing of detainees requiring isolation for TB and other contagious diseases. ODO was informed staff of the McHenry Public Health Department visits the facility weekly to monitor progress and check for compliance with treatment protocols for all inmates, including detainees who are identified with reportable contagious diseases.

Medications are administered by the nursing staff. The pharmacy is secure and accessible only to medical staff. MCACF uses an electronic medical records (EMR) system, access to which is restricted to medical staff through passwords. Transfers of records and medical summaries were found to meet NDS requirements. Appropriate documentation of consent and refusal of medical treatment was found in the EMR.

All medical staff credentials were reviewed and found to have current licenses and CPR certifications. The providers had current DEA licenses on file. All medical staff and ten custody staff training records were reviewed and found to have current training in CPR, suicide prevention, and hunger strikes. Medical staff training records includes documentation showing nursing protocols are reviewed on an annual basis.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY MC-1

In accordance with the ICE NDS, Medical Care, section (III)(D), the FOD must ensure all new arrivals receive TB screening by PPD (mantoux method) or chest x-ray. The PPD shall be the primary screening method unless this diagnostic test is contraindicated; then a chest x-ray is obtained.