



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

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**Office of Detention Oversight  
Compliance Inspection**

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

**McHenry County Correctional Facility  
Woodstock, Illinois**

**March 15-19, 2021**

**COMPLIANCE INSPECTION**  
**of the**  
**MCHENRY COUNTY CORRECTIONAL FACILITY**  
Woodstock, Illinois

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## COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead  
Inspections and Compliance Specialist  
Inspections and Compliance Specialist  
Contractor  
Contractor  
Contractor  
Contractor

ODO  
ODO  
ODO  
Creative Corrections  
Creative Corrections  
Creative Corrections  
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 McHenry County Correctional Facility (MCCF) in Woodstock, Illinois, from March 15 to 19, 2021.<sup>1</sup> The facility opened in 1992, is owned by McHenry County, and operated by the McHenry County Sheriff's Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at MCCF in 2005 under the oversight of ERO's Field Office Director (FOD) in Chicago (ERO Chicago). The facility operates under the National Detention Standards (NDS) 2000.<sup>2</sup>

ERO has assigned deportation officers and a detention services manager to the facility. An MCCF chief handles daily facility operations and manages ██████ personnel. Aramark provides food and commissary services, and Wellpath provides medical care at the facility. The facility was accredited by the American Correctional Association in January 2020, the National Commission on Correctional Health Care in July 2019, and the Illinois Law Enforcement Accreditation Program in December 2020.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>3</sup>	250
Average ICE Detainee Population <sup>4</sup>	████
Male Detainee Population (as of March 15, 2021)	████
Female Detainee Population (as of March 15, 2021)	████

During its last inspection in Fiscal Year (FY) 2020, ODO found 12 deficiencies in the following areas: Admission and Release (1); Detainee Grievance Procedures (1); Funds and Personal Property (1); Staff-Detainee Communication (1); Visitation (2); Environmental Health and Safety (1); Use of Force (4); and Medical Care (1).

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

<sup>2</sup> ERO Custody Management Division informed ODO on April 1, 2021, MCCF was one of several U.S. Marshals Service intergovernmental agreement facilities in which ODO should inspect under the NDS 2000 instead of the NDS 2019. ODO inspected MCCF against NDS 2019 before receiving this updated guidance and ODO verified all findings against the NDS 2000 prior to citing as a deficiency in this report.

<sup>3</sup> Data Source: ERO Facility List Report as of March 15, 2021.

<sup>4</sup> *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.<sup>5</sup>

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO also highlights instances in which 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.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

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<sup>5</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected <sup>6&amp;7</sup>	Deficiencies
<b>Part 1 – Detainee Services</b>	
Access to Legal Material	0
Admission and Release	2
Detainee Classification System	2
Detainee Grievance Procedures	0
Food Service	0
Funds and Personal Property	2
Religious Practices	0
Staff-Detainee Communication	0
Telephone Access	0
<b>Sub-Total</b>	<b>6</b>
<b>Part 2 – Security and Control</b>	
Emergency Plans	0
Environmental Health and Safety	0
Population Counts	0
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 3 – Health Services</b>	
Hunger Strikes	0
Medical Care	0
Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>Other Standards Inspected</b>	
NDS 2019 Sexual Abuse and Assault Prevention and Intervention	0
NDS 2019 Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>6</b>

<sup>6</sup> For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

<sup>7</sup> Beginning in FY 2021, ODO added Emergency Plans, Facility Security and Control, Population Counts, Hunger Strikes, and Staff Training as core standards. NDS 2019 does not include Emergency Plans, Population Counts, nor Staff Training as individual standards; however, those specific requirements are resident in other core standards.

## DETAINEE RELATIONS

ODO interviewed 12 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. ODO conducted detainee interviews via video teleconference.

*Medical Care:* One detainee stated she requested to see a doctor and the facility's staff told her she was scheduled for an appointment; however, a month has passed, and she has not seen a doctor.

- Action Taken: ODO requested information from the health services administrator (HSA) who conducted a medical record review, which indicated the detainee arrived at the facility on November 16, 2020. The facility's medical staff has evaluated the detainee multiple times at sick call for a variety of complaints related to knee pain, constipation, and rectal bleeding after large bowel movements. She last submitted a sick call request on March 9, 2021, and the facility's medical staff scheduled her an appointment for March 18, 2021, as the request was determined to be non-urgent. The facility's medical staff educated the detainee on increasing her exercise, fiber, and water intake to decrease constipation and hard bowel movements. During her appointment on March 18, 2021, the detainee denied any bleeding and claimed the issue had resolved itself. The facility's medical staff re-educated her on the impact of exercise, fiber, and water to decrease constipation.

*Medical Care:* One detainee stated he made a medical request to talk to someone about being "stressed," but 5 days have passed, and the facility's medical staff have not informed him about an appointment.

- Action Taken: ODO requested information from the HSA who conducted a medical record review, which indicated the detainee arrived at the facility on October 6, 2020. The facility's medical staff assessed the detainee for depression on October 21, 2020, and they provided him with education on coping skills and information to contact mental health staff if needed. He last submitted a sick call request on December 30, 2020, for dental pain. ODO found nothing to indicate he submitted a sick call request for mental health; however, the HSA completed a mental health referral based on the detainee's interview comments, and the facility's medical staff scheduled him an appointment for March 17, 2021, to see mental health staff. Mental health staff evaluated him on March 17, 2021, and again, was provided information on coping skills and how to contact mental health if needed.

# COMPLIANCE INSPECTION FINDINGS

## DETAINEE SERVICES

### ADMISSION AND RELEASE (A&R)

ODO interviewed the property officer and the booking and administration sergeants and found the facility stored identity documents with the detainee's property instead of forwarding to ERO Chicago. Of the 17 files ODO reviewed, 3 out of 17 files had property inventories, which listed identity documents stored with the detainees' personal property (**Deficiency A&R-12<sup>8</sup>**).

ODO reviewed 17 detainee files and found detainees did not receive a receipt for their confiscated identity documents in 3 of 17 files reviewed (**Deficiency A&R-13<sup>9</sup>**).

### DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO reviewed 17 detainee files, interviewed the classification officer and the booking and administration sergeants, and found MCCF had not implemented a classification system in accordance with the guidelines in the standard. Specifically, MCCF did not conduct reclassifications for 6 out of 17 detainees who were at the facility long enough for a reclassification in accordance with MCCF policy, which required reclassification at least every 60 days. Of the six detainees, one detainee should have had one reclassification, three detainees should have had two reclassifications, and two detainees should have had three reclassifications (**Deficiency DCS-1<sup>10</sup>**).

ODO found the facility did not reclassify 6 detainees every 60 days in accordance with MCCF policy. Of the six detainees, one detainee should have had one reclassification, three detainees should have had two reclassifications, and two detainees should have had three reclassifications (**Deficiency DCS-23<sup>11</sup>**).

ODO reviewed 17 detainee files, interviewed the classification officer and ERO deportation officer, and found MCCF does not conduct reclassifications; therefore, the facility does not consider a detainee's risk of victimization or abuse as part of the reclassification procedure. ODO cited this as an **Area of Concern**.

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<sup>8</sup> "Identity documents, such as passports, birth certificates, etc., will be inventoried, then given to a deportation officer/INS for placement in the detainee's A-file." See ICE NDS 2000, Standard, Admission & Release, Section (III)(E).

<sup>9</sup> "Identity documents, such as passports, birth certificates, etc., will be inventoried, then given to a deportation officer/INS for placement in the detainee's A-file." See ICE NDS 2000, Standard, Admission & Release, Section (III)(E).

<sup>10</sup> "The facility shall abide by INS policy, rules, and guidelines as set forth in this Standard and implement the attached Detainee Classification system for classifying detainees." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(A).

<sup>11</sup> "All facility classification systems shall ensure that a detainee may be reclassified any time and the classification level redetermined." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(G).



ODO found the facility does not conduct reclassifications; therefore, the facility does not consider the receipt of additional information nor incident of abuse/victimization as part of the reclassification procedure. ODO cited this as an **Area of Concern**.

ODO found the facility does not conduct reclassifications; therefore, the facility does not take into consideration a victim's perception of their own safety as part of the reclassification procedure. ODO cited this as an **Area of Concern**.

## **FUNDS AND PERSONAL PROPERTY (F&PP)**

ODO interviewed the property officer and the booking and administration sergeants and found the facility stored detainees' identity documents with their personal property and did not forward to ERO Chicago. ODO cited this as an **(Deficiency F&PP-10<sup>12</sup>)**.

ODO reviewed the detainee handbook and found it did not notify detainees of the rules for mailing property not allowed in their possession **(Deficiency F&PP-34<sup>13</sup>)**.

ODO found the facility did not provide detainees with a receipt for all property held until release. Detainees were only issued a receipt for funds. ODO cited this as an **Area of Concern**.

## **SECURITY AND CONTROL**

### **SPECIAL MANAGEMENT UNITS (SMU AS)**

ODO reviewed six control activity logs and found the officers who conducted the activities did not consistently document [REDACTED]. Specifically, of the 185 document observation instances viewed, SMU staff logged 164 entries at exactly [REDACTED], rather than on an [REDACTED]. ODO cited this as an **Area of Concern**.

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<sup>12</sup> "Identity documents, such as passports, birth certificates, etc., will be held in the detainee's A-file. Upon request, staff will provide the detainee with a copy of the document, certified by an INS official to be a true and correct copy." See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(B)(3).

<sup>13</sup> "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including: ...

3. The rules for storing or mailing property not allowed in their possession." See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(J)(3).

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under NDS 2000, two standards under NDS 2019 and found the facility in compliance with 17 of those standards. ODO found six deficiencies in the remaining three standards. ODO commends facility staff for its responsiveness during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2020 (NDS 2000)/NDS 2019/ FPBDS)</b>	<b>FY 2021 (NDS 2000)/(NDS 2019)</b>
Standards Reviewed	19	18/2
Deficient Standards	8	3
Overall Number of Deficiencies	12	6
Repeat Deficiencies	2	0
Areas of Concern	N/A	6
Corrective Actions	1	0