



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

**Office of Detention Oversight
Follow-Up Compliance Inspection**

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

**Clay County Jail
Brazil, Indiana**

May 10-13, 2021

FOLLOW-UP COMPLIANCE INSPECTION
of the
CLAY COUNTY JAIL
Brazil, Indiana

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



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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 Clay County Jail (CCJ) in Brazil, Indiana, from May 10 to 13, 2021.¹ This inspection focused on the standards found deficient during ODO's last inspection of CCJ from November 16 to 20, 2020. The facility opened in 2005 and is owned and operated by Clay County. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at CCJ in 2013 under the oversight of ERO's Field Office Director (FOD) in Chicago (ERO Chicago). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2008.

ERO has assigned deportation officers to the facility. A captain handles daily facility operations and manages support personnel. Performance Food Service provides food and commissary services, and Quality Correctional Care provides medical care at the facility. The facility does not hold any national accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	92
Average ICE Detainee Population ³	
Male Detainee Population (as of May 10, 2021)	
Female Detainee Population (as of May 10, 2021)	

During its last inspection, in Fiscal Year (FY) 2021, ODO found 14 deficiencies in the following areas: Facility Security and Control (4); Funds and Personal Property (1); Medical Care (1); Special Management Units (2); Suicide Prevention and Intervention (1); Telephone Access (2); and Use of Force and Restraints (3).

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

² Data Source: ERO Facility List Report as of May 3, 2021.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

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 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 inspections are annotated as "Repeat Deficiencies" in this report.

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.

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2008 MAJOR CATEGORIES

PBND Standards Inspected ⁴	Deficiencies
Part 1 – Safety	
Emergency Plans	0
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	2
Custody Classification System	0
Facility Security and Control	5
Funds and Personal Property	7
Special Management Units	4
Use of Force and Restraints	0
Sub-Total	18
Part 4 – Care	
Food Service	0
Hunger Strikes	1
Medical Care	4
Suicide Prevention and Intervention	1
Sub-Total	6
Part 5 – Activities	
Telephone Access	0
Sub-Total	0
Total Deficiencies	24

⁴ For greater detail on ODO's findings, see the *Follow-Up Compliance Inspection Findings* section of this report.

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 attempted to conduct detainee interviews via video teleconference; however, ERO Chicago and the facility were not able to accommodate this request due to technology issues. As such, ODO conducted the detainee interviews via telephone.

Admission and Release: One detainee stated he does not know how to access the facility supplemental handbook on the facility's kiosk system.

- Action Taken: ODO interviewed a facility lieutenant about the issue, and on May 11, 2021, the lieutenant gave the detainee a hard copy facility supplemental handbook and showed the detainee how to locate the handbook on the kiosk system. The lieutenant also stated that staff show and explain the kiosk system to detainees during intake, including how to access the handbooks.

Food Service: One detainee stated she should be on a vegetarian diet but has not received a vegetarian meal.

- Action Taken: ODO reviewed the detainee's medical and food service records and found the detainee submitted a medical request for a vegetarian diet on February 8, 2021. On February 10, 2021, the food service staff received the approved medical request and placed the detainee on a vegetarian diet. On March 9, 2021, the detainee requested a regular diet, which medical and food service approved and honored the same day. On April 30, 2021, the detainee again requested a vegetarian diet. The medical and food service departments approved the request and placed her on a vegetarian diet that same day. ODO interviewed the food service director, who stated the detainee is still on a vegetarian diet.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed [REDACTED] detainee detention files and found [REDACTED] file did not contain an Order to Detain (Form I-203) and [REDACTED] files did not have a Form I-203 bearing the appropriate ICE/ERO authorizing official's signature (**Deficiency AR-51**⁵).

ODO reviewed [REDACTED] detainee detention files of released detainees and found [REDACTED] file did not have a

⁵ "An Order to Detain or Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/DRO Authorizing Official signature, must accompany each newly arriving detainee." See ICE PBNDS 2008, Standard, Admission & Release, Section (V)(E).

signature from an authorizing official on the Form I-203 (**Deficiency AR-77⁶**).

FACILITY SECURITY AND CONTROL (FSC)

ODO interviewed the jail captain and found the facility [REDACTED] (**Deficiency FSC-43⁷**). As a result, the facility admits visitors into the facility without checking for a valid driver's license and proof of insurance (**Deficiency FSC-44⁸**).

ODO interviewed the jail captain and found the facility does [REDACTED] (**Deficiency FSC-45⁹**).

ODO interviewed the jail captain and found the facility maintains n [REDACTED] (**Deficiency FSC-46¹⁰**). This is a repeat deficiency.

ODO interviewed the jail captain and found the facility staff performs no vehicle search upon entering nor exiting the facility (**Deficiency FSC-47¹¹**).

FUNDS AND PERSONAL PROPERTY (FPP)

ODO interviewed property staff and found no written policies and procedures to audit detainee funds, valuables, and personal property (**Deficiency FPP-4¹²**).

ODO reviewed the facility supplemental handbook and found no notification of detainees on the procedure to file a claim for lost or damaged property (**Deficiency FPP-15¹³**). This is a repeat

⁶ "A detainee's out-processing begins when release processing staff receive the Form I-203, "Order to Detain or Release," signed by an authorizing official." See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(H)(1).

⁷ "The officer shall check the driver's license of every person driving into the facility, regardless of purpose (visit, delivery, etc.) and may require proof of insurance, especially for vehicles being driven on the grounds." See ICE PBNDS 2008, Standard, Facility Security and Control, Section (V)(C)(2)(a).

⁸ "Only if the license (and insurance) is valid may the officer admit the vehicle." See ICE PBNDS 2008, Standard, Facility Security and Control, Section (V)(C)(2)(a).

⁹ "While the driver is within the facility's secure perimeter, the officer shall hold the driver's license, as specified under Visitor Passes." See ICE PBNDS 2008, Standard, Facility Security and Control, Section (V)(C)(2)(a).

¹⁰ "The post officer shall log the following information on every vehicle: [REDACTED] See ICE PBNDS 2008, Standard, Facility Security and Control, Section (V)(C)(2)(b).

¹¹ "The main-gate front-entrance officer shall [REDACTED] See ICE PBNDS 2008, Standard, Facility Security and Control, Section (V)(C)(2)(c)(1).

¹² "All detention facilities are required to have written policies and procedures to:

- Inventory and audit detainee funds, valuables, and personal property." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(A).

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

- The procedures for filing a claim for lost or damaged property." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(C).

deficiency.

ODO reviewed photographs of housing units and found no lockers or other securable space for a detainee's personal property (**Deficiency FPP-26**¹⁴).

ODO interviewed the facility lieutenant and found no Property Receipt (G-589) Logbook to record each G-589 issued (**Deficiency FPP-38**¹⁵).

ODO reviewed the supervisor accountability log from December 30, 2020 to April 27, 2021 [REDACTED]

[REDACTED] (**Deficiency FPP-47**¹⁶).

ODO interviewed property staff and found the facility does not maintain [REDACTED]

[REDACTED] (**Deficiency FPP-57**¹⁷).

ODO reviewed the supervisor accountability log from December 30, 2020 to April 27, 2021 and [REDACTED]

[REDACTED] he inventory of detainee funds (**Deficiency FPP-60**¹⁸).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed [REDACTED] administrative segregation (AS) files and found [REDACTED] of the files contained the date nor time of release on the administrative segregation orders (**Deficiency SMU-105**¹⁹).

ODO reviewed [REDACTED] AS files, interviewed the facility captain, and found [REDACTED] (**Deficiency SMU-110**²⁰).

ODO reviewed [REDACTED] AS files and found no documentation indicating a supervisor interviewed the

¹⁴ "Every housing area shall have lockers or other securable space for storing detainees' authorized personal property." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(E).

¹⁵ "The admissions processing officer shall record each G-589 issued and enter the initials and star numbers of receipting officers in the facility's G-589 Property Receipt Logbook." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(G)(1).

¹⁶ "The supervisory security officer or equivalent shall remove the contents of the drop safe during his or her shift and initial the G-589 accountability log." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(H).

¹⁷ "A logbook shall be maintained [REDACTED] See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(I).

¹⁸ "The property and valuables logbook shall record [REDACTED] See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(J).

¹⁹ "When the detainee is released from the SMU, the releasing officer shall indicate date and time of release on the Administrative Segregation Order." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(C)(2)(g).

²⁰ "A security supervisor shall conduct a [REDACTED] of the detainee's placement in Administrative Segregation to determine whether segregation is still warranted. The review shall include an interview with the detainee." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(C)(3)(a).

detainees (**Deficiency SMU-114**²¹).

ODO reviewed [REDACTED] disciplinary segregation file and found the file did not contain the date and time of release on the disciplinary segregation order (**Deficiency SMU-137**²²).

CARE

HUNGER STRIKES (HS)

ODO reviewed the training records of [REDACTED] security officers and [REDACTED] medical staff and found [REDACTED] nurse and the clinical medical authority (CMA) did not receive annual training to recognize the signs of a hunger strike, the procedures for a referral for a medical assessment, nor the correct procedures for managing a detainee on hunger strike (**Deficiency HS-1**²³).

ODO reviewed the facility's hunger strike policy and local operating plan and found neither included the requirement [REDACTED]

[REDACTED] ODO noted this as an **Area of Concern**.

MEDICAL CARE (MC)

ODO reviewed [REDACTED] medical staff credentials and found no verification of the licenses for 2 radiology technicians (**Deficiency MC-73**²⁴).

ODO reviewed [REDACTED] detainee health screening forms and found no review by the CMA of any of the health screening forms within 24 hours or the next business day [REDACTED] (**Deficiency MC-84**²⁵).

Corrective Action: During the inspection week, the health services administrator updated the facility's local operating plan to state that the CMA will review the health screening forms within 24 hours or the next business day to assess the priority for treatment via telephone or electronically. Facility medical staff will document the CMA's review and comments on the health screening form. The telephonic option is due to the CMA's presence on-site for only 1 day a week (**C-1**).

ODO reviewed [REDACTED] detainee health appraisals and found [REDACTED] appraisal in which the CMA did not

²¹ "The review shall include an interview with the detainee, and a written record shall be made of the decision and its justification." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(C)(3)(c).

²² "When the detainee is released from the SMU, the releasing officer shall indicate date and time of release on the Disciplinary Segregation Order, then forward the completed order to the chief of security for insertion into the detainee's detention file." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(D)(2).

²³ "All staff shall be initially and annually trained to recognize the signs of a hunger strike and on the procedures for referral for medical assessment, and on the correct procedures for managing a detainee on a hunger strike." See ICE PBNDS 2008, Standard, Hunger Strike, Section (V)(A).

²⁴ "All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements." See ICE PBNDS 2008, Standard, Medical Care, Section (V)(H).

²⁵ "The clinical medical authority shall be responsible for review of all health screening forms within 24 hours or next business day to assess the priority for treatment (for example, Urgent, Today, or Routine)." See ICE PBNDS 2008, Standard, Medical Care, Section (V)(I)(1).

review to assess the priority for treatment (**Deficiency MC-96**²⁶).

ODO reviewed the training records of [REDACTED] security officers and [REDACTED] medical staff and found 1 nurse and the CMA did not receive annual training to respond to health-related situations [REDACTED] (**Deficiency MC-131**²⁷).

SUICIDE PREVENTION AND INTERVENTION (SPI)

ODO reviewed the training records of [REDACTED] security officers and [REDACTED] medical staff and found the CMA did not receive annual suicide prevention and intervention training (**Deficiency SPI-4**²⁸).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 13 standards under PBNDS 2008 and found the facility in compliance with 6 of those standards. ODO found 24 deficiencies in the remaining 7 standards. ODO recommends ERO Chicago work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	First FY 2021 (PBNDS 2008/ Federal Performance- Based Detention Standards)	Second FY 2021 (PBNDS 2008)
Standards Reviewed	19/1	13
Deficient Standards	7	7
Overall Number of Deficiencies	14	24
Repeat Deficiencies	1	2
Areas of Concern	0	1
Corrective Actions	0	1

²⁶ "The clinical medical authority shall be responsible for review of all health appraisals to assess the priority for treatment." See ICE PBNDS 2008, Standard, Medical Care, Section (V)(J).

²⁷ "A plan shall be prepared in consultation with the facility's clinical medical authority or the administrative health authority. The plan will include the following: ...

- Detention and health care personnel will be trained annually to respond to health-related situations within [REDACTED] See ICE PBNDS 2008, Standard, Medical Care, Section (V)(O).

²⁸ "All facility staff who interact with and/or are responsible for detainees shall be trained, during orientation and at least annually, on:

- recognizing verbal and behavioral cues that indicate potential suicide,
- demographic, cultural, and precipitating factors of suicidal behavior,
- responding to suicidal and depressed detainees,
- effective communication between correctional and health care personnel,
- necessary referral procedures,
- constant observation and suicide-watch procedures,
- follow-up monitoring of detainees who have already attempted suicide, and
- reporting and written documentation procedures." See ICE PBNDS 2008, Standard, Suicide Prevention and Intervention, Section (V)(A)