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

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

**Clay County Jail
Brazil, Indiana**

May 17-19, 2022

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

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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 17 to 19, 2022.¹ This inspection focused on the standards found deficient during ODO’s last inspection of CCJ from November 15 to 19, 2021. The facility opened in 2006 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 2008.

ERO has no staff assigned to the facility. A jail commander handles daily facility operations and manages █ support personnel. Performance Foods provides food services, Quality Correctional Care provides medical care, and Tiger Commissary provides commissary services 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	█
Average ICE Detainee Population ³	█
Male Detainee Population (as of May 17, 2022)	█
Female Detainee Population (as of May 17, 2022)	█

During its last inspection, in Fiscal Year (FY) 2022, ODO found five deficiencies in the following areas: Detention Files (1); Correspondence and Other Mail (1); Funds and Personal Property (1); and Post Orders (2).

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 9, 2022.

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.

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2008 MAJOR CATEGORIES

PBNDS 2008 Standards Inspected ^{4,5}	Deficiencies
Part 1 – Safety	
Emergency Plans	0
Environmental Health and Safety	1
Sub-Total	1
Part 2 – Security	
Admission and Release	7
Classification System	2
Facility Security and Control	7
Funds and Personal Property	3
Post Orders	0
Special Management Units	1
Staff-Detainee Communication	3
Use of Force and Restraints	4
Sub-Total	27
Part 4 – Care	
Food Service	0
Hunger Strikes	0
Medical Care	3
Suicide Prevention and Intervention	0
Sub-Total	3
Part 5 – Activities	
Correspondence and Other Mail	1
Sub-Total	1
Part 6 – Justice	
Grievance System	0
Sub-Total	0
Part 6 – Administration and Management	
Detention Files	2
Sub-Total	2
Total Deficiencies	34

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

⁵ Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

DETAINEE RELATIONS

ODO interviewed 17 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.

Admission and Release: Four detainees stated they did not receive the ICE National Detainee Handbook nor the facility's site-specific handbook upon admission to the facility.

- Action Taken: ODO reviewed the detention files and found the signed acknowledgements forms indicating the facility provided each detainee with both handbooks. On May 18, 2022, the facility staff reissued copies of the ICE National Detainee Handbook and the facility's site-specific handbook to the detainees. The detainees signed for receipt of both handbooks.

Admission and Release: Six detainees stated they did not receive the facility's site-specific handbook upon admission to the facility.

- Action Taken: ODO reviewed the detention files and found the signed acknowledgements form indicating the facility provided each detainee with the site-specific handbook. On May 18, 2022, the facility staff reissued the facility's site-specific handbook to the detainees. The detainees signed for receipt of the handbook.

Personal Hygiene: Eight detainees stated they did not receive a toothbrush and personal hygiene products upon admission to the facility, nor did the facility have any toothbrushes in stock.

- Action Taken: ODO interviewed the facility leadership and ERO Chicago about the detainees' personal hygiene complaints and found the facility depleted its stock of toothbrushes around May 4, 2022. Facility staff admitted to missing the reorder date and followed up by submitting its order to the vendor on May 16, 2022. ODO confirmed with ERO Chicago the facility staff gathered a total of 20 packaged toothbrushes from facility housing units on the evening of May 17, 2022. On May 18, 2022, the facility provided the eight detainees with new toothbrushes.

The facility assistant jail commander developed an action plan to automatically order three cases of personal hygiene products every two weeks. When the facility reaches surplus quantities of hygiene items, it will adjust the quantity levels and reordering frequency according to anticipated detainee population increases. The facility received its hygiene order on May 20, 2022, and distributed the items during the scheduled hygiene pass on May 22, 2022, as per policy and procedure. ODO cited the facility not providing detainees with personal hygiene items upon admission to the facility as a deficiency in the *Admission and Release* section of the report.

Sexual Abuse and Assault Prevention and Intervention: One detainee stated another detainee sexually assaulted him in the shower at the Del Rio City Jail in Del Rio, Texas, on January 4, 2022. He said the other detainee touched himself first, asked him about his genitals, and then touched his genitals. The detainee reported the incident, and facility staff removed the other detainee. The detainee now wants to speak with a counselor about the incident.

- Action Taken: ODO immediately notified the facility leadership and ERO Chicago of the detainee's sexual assault, interviewed the facility registered nurse (RN) and the director of mental health services (DMHS), reviewed the detainee's medical record, and found the detainee arrived at the facility on May 5, 2022. On the same day, the medical staff conducted the detainee's intake screening and asked Prison Rape Elimination Act (PREA)-related questions. The detainee acknowledged he had been a victim of physical or sexual abuse but declined any follow-up services. Following the ODO interview, the RN conducted a medical assessment of the detainee and confirmed the detainee's anxiety when using the bathroom. The RN completed and submitted a referral to DMHS who met with the detainee on May 19, 2022. The detainee's anxiety increased whenever he stepped into the shower but felt safe at CJJ since the facility unit showers allow only one person at a time. The DMHS and the detainee discussed coping skills and grounding techniques, and afterward, the detainee stated he felt better and no longer needed additional services. The DMHS encouraged the detainee to submit a sick call request to the facility medical staff for further help if needed, and the detainee expressed his satisfaction with his medical care.

Medical Care: One detainee said, while at the McHenry County Correctional Facility (MCCF), the medical staff prescribed an inhaler for her asthma; however, CCJ staff denied her the inhaler upon arrival. The detainee said the facility staff prescribed her an inhaler after she had submitted two sick call requests, but the inhaler caused her skin to break out and left her with a burning sensation on her face. The detainee wanted the prescribed inhaler she arrived with, which was approved at MCCF, or a new inhaler prescribed by CCJ.

- Action Taken: ODO interviewed the facility RN, reviewed the detainee's medical record, and confirmed the detainee arrived at the facility on February 4, 2022. On the same day, a facility medical provider completed the detainee's initial health assessment and found the detainee had two different prescribed inhalers for asthma, Symbicort (daily use inhaler) and Albuterol (quick rescue inhaler). On February 5, 2022, the facility medical staff provided the detainee with another inhaler, Alvesco (daily use inhaler) with a different type of medication and antibiotics for her acne. A facility doctor informed the detainee about her acne and the need to continue frequent washing of her hands. On February 22, 2022, the doctor met with the detainee and informed her about hormones as a possible cause of her acne. He identified her prior history of acne and believed a specific type of cream caused her skin to break out and caused the burning sensation. The doctor told the detainee to use antibacterial soap and reported her asthma as under control. On May 19, 2022, at the request of ODO, an RN met with the detainee to inform her the inhaler did not cause the acne, and the doctor followed up with the detainee on the following day to confirm the RN's assessment.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the facility security sergeant, inspected all four detainee housing units, reviewed the facility's EHS policy, post orders for the housing units, 10 weekly and 5 monthly inspection reports, the non-hazardous chemicals used in the housing units, and the housekeeping plan, and found the facility administrator did not ensure staff and detainees maintained a high standard of facility sanitation and general cleanliness. Specifically, ODO inspected the housing unit showers and noted the following issues:

- Peeling paint;
- Significant discoloration of shower pans; and
- A build-up of soap scum (**Deficiency EHS-12**⁶).

SECURITY

ADMISSION AND RELEASE (AR)

ODO toured all four housing units, conducted detainee interviews, and found in three out of four units, the facility did not issue personal hygiene items such as toothbrushes, soap, and deodorant to new detainees nor did the facility make these items available during the weekly facility distribution of personal hygiene replacement items between May 4-11, 2022 (**Deficiency AR-4**⁷).

ODO toured four housing units and found in three out of four units the facility issued detainees unserviceable clothing (underwear). Specifically, on May 19, 2022, ODO observed the facility staff conduct an underwear exchange and found the issued underwear contained holes and large tears and the facility distributed no large-size underwear to detainees in one housing unit since CCJ's supply of large underwear was depleted (**Deficiency AR-45**⁸).

ODO inspected the facility's housing units and observed four detainees without color-coded clothing nor wristbands, identifying their classification levels (**Deficiency AR-49**⁹).

ODO reviewed [REDACTED] detainee detention files and found [REDACTED] out of [REDACTED] Orders to Detain or Release (Form I-203 or I-203a) did not contain the signature of the ERO Chicago authorizing official (**Deficiency**

⁶ "The facility administrator shall ensure that staff and detainees maintain a high standard of facility sanitation and general cleanliness." See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (V)(C).

⁷ "Medical screening protects the health of the detainee and others in the facility, and the detainee shall be given an opportunity to shower and be issued clean clothing, bedding, towels, and personal hygiene items." See ICE PBNDS 2008, Standard, Admission & Release, Section (V)(A).

⁸ "In accordance with the Detention Standard on Personal Hygiene, staff shall issue those clothing and bedding items that are appropriate for the facility environment and local weather conditions." See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(C).

⁹ "The classification process determines the appropriate level of custody for each detainee. Once this is established, staff can issue the detainee clothing and wristband in the appropriate color for his or her classification level." See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(D).

AR-51¹⁰). This is a repeat deficiency.

ODO interviewed a facility captain and an ERO Chicago deportation officer and found CCJ updated their orientation policy and procedures on January 1, 2022; however, ERO Chicago had not approved the facility's updated orientation procedures (**Deficiency AR-58¹¹**).

Corrective Action: Prior to the completion of the inspection, the facility provided ODO with a memorandum from the assistant FOD (AFOD) dated May 18, 2022, approving the facility's orientation procedures (**C-1**).

Additionally, ODO found CCJ updated their release procedures on January 1, 2022; however, ERO Chicago had not approved the facility's updated orientation procedures (**Deficiency AR-76¹²**).

Corrective Action: Prior to the completion of the inspection, the facility provided ODO with a memorandum from the AFOD dated May 18, 2022, approving the facility's release procedures (**C-2**).

ODO reviewed five released detainee files and found ERO Chicago authorizing official did not sign two out of five Form I-203s (**Deficiency AR-77¹³**). **This is a repeat deficiency.**

ODO reviewed [REDACTED] detainee detention files, interviewed detainees and facility staff, observed the facility's booking area, and found the facility's issuance of the facility detainee handbooks to be an **Area of Concern**. Specifically, [REDACTED] out of [REDACTED] detainees ODO interviewed reported they did not receive facility detainee handbooks; however, each of their detention files contained a signed receipt, which indicated the facility provided the detainees with a handbook. When ODO observed the facility's booking area, ODO found no printed copies of the facility's detainee handbook. Additionally, facility staff members provided ODO with conflicting procedures for issuing facility detainee handbooks. One staff member stated the facility printed the facility detainee handbooks for each detainee booked into the facility while another staff member stated the facility issued the facility detainee handbooks to the detainees upon request.

CLASSIFICATION SYSTEM (CS)

ODO inspected the facility's housing units and observed four detainees without color-coded clothing nor wristbands, identifying their classification levels (**Deficiency CS-20¹⁴**).

¹⁰ "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 and Release, Section (V)(E).

¹¹ "Orientation procedures in IGSA's must be approved in advance by the ICE/DRO office of jurisdiction." See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(F).

¹² "Staff must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include completing and processing forms, closing files, fingerprinting; returning personal property; and reclaiming facility-issued clothing, bedding, checking wants and warrants, etc. ICE/DRO shall approve IGSA release procedures." See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(H).

¹³ "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).

¹⁴ "In SPCs and CDFs, upon completion of the classification process, staff shall assign individual detainee's color-

ODO reviewed [REDACTED] detainee detention files and found in [REDACTED] out of [REDACTED] files, the classification staff used facility management and other factors external to the Detainee Classification System to determine a detainee's classification level. Specifically, ODO found a reclassification memo for a female detainee, which stated the facility staff reclassified the detainee from medium-high to medium-low because of the lack of housing for the female detainee population and the elapsed time since her conviction. The facility had one female housing unit for all classification levels and changed the detainee's classification level to prevent comingling of different levels and thereby comply with the standard (**Deficiency CS-32**¹⁵).

FACILITY SECURITY AND CONTROL (FSC)

ODO reviewed the facility visitor and master logbooks and found the logbooks did not include an entry to identify the person or department visited (**Deficiency FSC-18**¹⁶).

ODO reviewed the facility's logbook and found the entry for a person visiting a detainee did not include the name and non-citizen number of the detainee visited, along with the visitor's relationship to the detainee, immigration status, and address (**Deficiency FSC-19**¹⁷).

ODO reviewed the visitor's logbook and found the post officer did not require the visitor to print and sign his/her name in the logbook (**Deficiency FSC-20**¹⁸).

ODO interviewed the jail commander and found a facility security officer did not check the driver's license for each person driving into the facility, regardless of purpose (visit, delivery, etc.). Specifically, the jail commander said the facility did not have an assigned officer at the main gate to check the required identification documents for vehicles that entered the secured perimeter of the facility. He reported the facility knew the 12 county staff members and 3 vans that came to the facility routinely and did not require checking (**Deficiency FSC-43**¹⁹).

ODO interviewed the jail captain and found the facility did not verify the validity of the license and insurance before admitting a vehicle into the secure perimeter of CCJ as the facility did not

coded uniforms and wristbands as follows:

Dark Red	Level 3 (Highest Security)
Bright Orange	Level 2 (Medium)
Dark Blue	Level 1 (Lowest)"

See ICE PBNDS 2008, Standard, Custody Classification System, Section (V)(C).

¹⁵ "Under no circumstances may issues of facility management or other factors external to the Detainee Classification System influence a detainee's classification level." See ICE PBNDS 2008, Standard, Classification System, Section (V)(F).

¹⁶ "Every entry in the logbook shall identify the person or department visited; date and time of visitor's arrival; purpose of visit; unusual requests; and time of departure." See ICE PBNDS 2008, Standard, Facility Security and Control, Section (V)(C)(1)(b)(2).

¹⁷ "The entry for a person visiting a detainee shall also include the name and A-number of the detainee being visited, along with the visitor's relationship to the detainee, immigration status, and address." See ICE PBNDS 2008, Standard, Facility Security and Control, Section (V)(C)(1)(b)(3).

¹⁸ "The post officer shall require the visitor to print and sign his or her name in the visitor logbook." See ICE PBNDS 2008, Standard, Facility Security and Control, Section (V)(C)(1)(b)(3).

¹⁹ "The main-gate front-entrance officer shall control all vehicular traffic entering and leaving the facility. The officer shall check the driver's license of every person driving into the facility, regardless of purpose (visit, delivery, etc.)..." See ICE PBNDS 2008, Standard, Facility Security and Control, Section (V)(C)(2)(a).

post an officer at the main gate (**Deficiency FSC-44**²⁰). **This is a repeat deficiency.**

ODO interviewed the jail captain and found the facility did not withhold drivers' licenses while drivers operated their vehicles within the facility's security perimeter (**Deficiency FSC-45**²¹). **This is a repeat deficiency.**

ODO interviewed the jail commander and found the facility did not keep a vehicle log with the following information for every vehicle arriving to the facility: tag number, driver's name, firm represented, vehicle contents, date, time in, time out, and facility employee responsible for the vehicle on-site (**Deficiency FSC-46**²²). **This is a repeat deficiency.**

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed the facility's FPP policy, which the facility updated on January 1, 2022, and found the facility had no written procedures to audit detainee valuables and personal property (**Deficiency FPP-4**²³).

ODO observed all housing units and found every unit did not have lockers or other securable space for storing detainees' personal property. Specifically, the storage space consisted of an open storage compartment attached to the bottom bunk beds with an unsecured area in the front of the bunk beds (**Deficiency FPP-26**²⁴).

ODO observed the FPP supervisors and found both on-coming and off-going supervisors did not simultaneously conduct an audit of detainees' funds. ODO reviewed the ICE daily inventory check sheets from December 1, 2021, until May 18, 2022, and found in 145 out of 169 days, both supervisors did not initial the accountability log to show they audited detainee funds (**Deficiency FPP-59**²⁵).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed three SMU records of detainees in administrative segregation over the past 6 months and found in two out of three records, the facility medical officer did not sign the records

²⁰ "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).

²¹ "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).

²² "The post officer shall log the following information on every vehicle: tag number, driver's name, firm represented, vehicle contents, date, time in, time out, and facility employee responsible for the vehicle on-site." See ICE PBNDS 2008, Standard, Facility Security and Control, Section (V)(C)(2)(b).

²³ "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).

²⁴ "Every housing area shall have lockers or other securable space for storing detainees' authorized personal property. The amount of storage space shall correspond to the number of detainees assigned to that housing area." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(E).

²⁵ "Where physical custody of, or access to, detainee funds, property envelopes, and large valuables changes with facility shift changes, both on-coming and off-going supervisors shall simultaneously conduct an audit of these items." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(J).

when they visited the detainees in SMU (**Deficiency SMU-154**²⁶).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO observed the facility housing units and found the facility did not post the written schedule for ERO Chicago staff in all units. ODO found the ERO Chicago schedule stacked in a pile on top of a drop box (**Deficiency SDC-16**²⁷).

ODO observed four housing units and found in two out of four units, no secure drop box for detainees to correspond with ERO Chicago. Specifically, one housing unit had an unlocked drop box, accessible to facility staff, and another housing unit did not have a drop box specific for ICE requests (**Deficiency SDC-26**²⁸).

ODO observed four housing units and found the facility did not post the Department of Homeland Security Office (DHS) of the Inspector General (OIG) posters in the housing units. ODO found the DHS OIG printouts in a pile on top of a drop box (**Deficiency SDC-43**²⁹).

USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed the facility's UOFR policy and procedures, which they updated on January 1, 2022, their emergency equipment, and post orders and found the facility did not maintain a written record of routine and emergency distribution of security equipment. Specifically, the facility did not conduct a monthly inventory of chemical agents and security equipment, nor did they incorporate the inventory in one or more post orders (**Deficiency UOFR-41**³⁰).

ODO reviewed the facility post orders and found the facility did not incorporate in one or more post orders the maintenance of cameras and other video equipment (**Deficiency UOFR-87**³¹).

²⁶ "The facility medical officer shall sign each individual's record when he or she visits a detainee in the SMU." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(E)(3)(b).

²⁷ "The Field Office Director shall develop written schedules and procedures for weekly contact visits by ICE/DRO Field Office staff and ensure the schedules are posted in detainee living and other appropriate areas." See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(A)(2)(b).

²⁸ "Each facility administrator shall: ...

- The facility shall provide a secure drop box for ICE detainees to correspond directly with ICE management."

See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(B).

²⁹ "In each IGSA and ICE staging area, the facility administrator shall ensure that posters are mounted in appropriate common areas (recreation areas, dining areas, processing areas, etc.)." See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(D)(3).

³⁰ "Each facility shall maintain a written record of routine and emergency distribution of security equipment and shall specifically designate and incorporate, in one or more post orders, responsibility for staff to inventory chemical agents and related security equipment at least monthly to determine their condition and expiration dates." See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(G)(2).

³¹ "Since audiovisual recording equipment must often be readily available, each facility administrator shall designate and incorporate in one or more post orders responsibility for: ...

- Maintaining cameras and other audiovisual equipment;"

See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(K).

Since ODO's last inspection on November 15-19, 2021, CCJ had two immediate UOF incidents and no calculated UOF incidents. ODO interviewed a facility lieutenant, reviewed the facility's UOFR policy, and found the facility did not catalog and preserve each audiovisual record until no longer needed, nor kept it for no less than 30 months after its last documented use. The facility did not keep any audiovisual records of UOFR; however, the facility provided video to ERO Chicago (**Deficiency UOFR-88**³²).

ODO interviewed a lieutenant, reviewed the facility's UOFR policy, and found the facility did not keep the relevant audiovisual records a minimum of 6 months after the conclusion or resolution of litigation. The facility did not keep any audiovisual records of UOFR; however, the facility provided video to ERO Chicago (**Deficiency UOFR-89**³³).

CARE

MEDICAL CARE (MC)

ODO interviewed the acting health services administrator (HSA) and reviewed the facility's Infection and Control program, Notification in Emergencies, and Infection Prevention and Control program and found the facility did not implement ERO's COVID-19 Pandemic Response Requirement (PRR) 10-day isolation period for all new detainees after the intake process (**Deficiency MC-15**³⁴).

ODO reviewed the ERO COVID-19 PRR and found:

- The facility did not have written plans that included control, treatment, and prevention strategies nor procedures for identification, surveillance, immunization, follow-up, and isolation of patients in accordance with ERO's COVID-19 PRR (**Deficiency MC-16**³⁵); and
- The facility's infection and control plan did not follow the ERO COVID-19 PRR (**Deficiency MC-17**³⁶).

³² "Each audiovisual record shall be catalogued and preserved until no longer needed but shall be kept no less than 30 months after its last documented use." *See* ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(K).

³³ "In the event of litigation, the facility shall retain the relevant audiovisual record a minimum of six months after the litigation has concluded or been resolved." *See* ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(K).

³⁴ "Each facility shall have written plans that address the management of infectious and communicable diseases, including prevention, education, identification, surveillance, immunization (when applicable), treatment, follow-up, isolation (when indicated), and reporting to local, state, and federal agencies." *See* ICE PBNDS 2008, Standard, Medical Care, Section (V)(C)(1).

³⁵ "Each facility shall have written plans that address the management of infectious and communicable diseases, including prevention, education, identification, surveillance, immunization (when applicable), treatment, follow-up, isolation (when indicated), and reporting to local, state, and federal agencies. Plans shall include: ...

- Coordination with public health authorities;
- Protection of individual confidentiality;"

See ICE PBNDS 2008, Standard, Medical Care, Section (V)(C)(1).

³⁶ "Facilities shall comply with current and future plans implemented by federal, state or local authorities addressing specific public health issues including communicable disease reporting requirements." *See* ICE PBNDS 2008, Standard, Medical Care, Section (V)(C)(1).

ACTIVITIES

CORRESPONDENCE AND OTHER MAIL (COM)

ODO reviewed the facility's COM program and found the facility's detainee handbook did not specify identity documents, such as passports, birth certificates, etc., in a detainee's possession as contraband that may be used by ERO Chicago against the detainee or for other purposes authorized by law (**Deficiency COM-16**³⁷).

ADMINISTRATION AND MANAGEMENT

DETENTION FILES (DF)

ODO reviewed █ detainee detention files and found in █ out of █ files, no originals or copies of the forms generated during intake. Specifically, ODO found:

- █ out of █ files did not include the Alien Booking Record (Form I-385);
- █ out of █ files did not include the classification worksheet;
- █ out of █ files did not include the personal property inventory sheet nor the Property Receipt (G-589); and
- █ out of █ files did not include the facility's housing card (**Deficiency DF-6**³⁸). **This is a repeat deficiency.**

ODO reviewed 17 detainee detention files and found the detainee acknowledgement form documenting the detainee's receipt of the handbook was missing from 1 out of 17 files (**Deficiency DF-7**³⁹).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 17 standards under PBNDS 2008 and found the facility in compliance with 6 of those standards. ODO found 34 deficiencies in the remaining 11 standards. ODO noted two instances in which the facility took immediate corrective action during the inspection. ODO recommends ERO Chicago work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the uniform corrective action plan for ODO's last inspection of CCJ in

³⁷ "At a minimum, the notification shall specify: ...

8. That identity documents, such as passports, birth certificates, etc., in a detainee's possession are contraband and may be used by ICE/DRO as evidence against the detainee or for other purposes authorized by law; however, upon request, the detainee will be provided a copy of each document, certified by an ICE/DRO officer to be a true and correct copy; (The facility should consult ICE/DRO with any and all requests for identity documents.)"

See ICE PBNDS 2011, Standard, Correspondence and Other Mail, Section (V)(C)(8).

³⁸ "The detainee Detention File shall contain either originals or copies of forms and other documents generated during the admissions process. If necessary, the Detention File may include copies of material contained in the detainee's A-File." See ICE PBNDS 2008, Standard, Detention Files, Section, (V)(B).

³⁹ "The file shall also contain the following original documents, if used in the facility: ...

- Acknowledgment form, documenting receipt of handbook, orientation, locker key, etc.,"

See ICE PBNDS 2008, Standard, Detention Files, Section, (V)(B)(1).

November 2021.

Compliance Inspection Results Compared	First FY 2022 (PBNS 2008)	Second FY 2022 (PBNS 2008)
Standards Reviewed	23	17
Deficient Standards	4	11
Overall Number of Deficiencies	5	34
Repeat Deficiencies	1	6
Areas Of Concern	0	2
Corrective Actions	0	2
Facility Rating	Superior	N/A