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Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Chicago Field Office

Kankakee County Jail
Kankakee, Illinois

July 6-9, 2020

**COMPLIANCE INSPECTION
of the
KANKAKEE COUNTY JAIL
Kankakee, Illinois**

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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 contingency compliance inspection of the Kankakee County Jail (KCJ) in Kankakee, Illinois, from July 6 to 9, 2020.¹ The facility opened in 2006 and is owned and operated by the County of Kankakee. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at KCJ in 2019 under the oversight of ERO's Field Office Director in Chicago, IL (ERO Chicago). The facility operates under the National Detention Standards (NDS) 2019.

ERO has assigned Deportation Officers and a Detention Standards Compliance Officer to the facility. The KCJ Chief of Corrections handles daily facility operations and is supported by [REDACTED] personnel. County Kitchen provides food services, MJS Advantage provides medical care, and Stellar Commissary provides commissary services at the facility. The facility is accredited by the National Commission on Correctional Health Care and received this accreditation in June 2019.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	164
Average ICE Detainee Population ³	104
Male Detainee Population (as of 7/6/2020)	31
Female Detainee Population (as of 7/6/2020)	N/A

During its last inspection, in Fiscal Year (FY) 2018, ODO found 20 deficiencies in the following areas: Admission and Release (1); Detainee Handbook (1); Funds and Personal Property (3); Staff-Detainee Communication (1); Environmental Health and Safety (5); Special Management Unit – Administrative Segregation (1); Special Management Unit – Disciplinary Segregation (1); Use of Force (3); and Medical Care (4).

¹ This facility holds male 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 July 6, 2020.

³ *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.⁴

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.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ⁵	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	0
Use of Force and Restraints	0
Special Management Units	2
Staff-Detainee Communication	1
Sexual Abuse and Assault Prevention and Intervention	1
Sub-Total	4
Part 4 – Care	
Food Service	0
Medical Care	1
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	1
Part 5 – Activities	
Recreation	0
Religious Practices	1
Telephone Access	0
Visitation	4
Sub-Total	5
Part 6 – Justice	
Grievance Systems	0
Law Libraries and Legal Material	1
Sub-Total	1
Total Deficiencies	11

⁵ For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

DETAINEE RELATIONS

ODO interviewed 10 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, the ERO field office and facility were not able to accommodate this request due to technology issues. As such, the detainee interviews were conducted via telephone.

Medical care: One detainee stated he had been waiting for a dental procedure from an oral surgeon for two weeks.

- Action Taken: ODO interviewed the facility Health Services Administrator (HSA) who stated local medical practices had been closed as a response to the COVID-19 pandemic. Because of this, no outside medical services were able to be provided to detainees other than emergency medical services. The HSA also stated a call had been made a week prior to the inspection to the surgeon's office to schedule an appointment, but the appointment was still pending confirmation from the surgeon's office. ODO found ERO had given approval for the medical procedure prior to the phone call. After the inspection ended, ODO was informed the detainee was scheduled for his appointment on July 16, 2020; however, the detainee was released on bail prior to the appointment occurring.

Food Service: Ten detainees commented cereal is the only item served for breakfast daily.

- Action Taken: ODO reviewed the meal plan and dietary schedule for the facility and found detainees are typically given cereal and milk daily in the mornings for breakfast with a doughnut or other pastry on Fridays. The daily variety of cereal was within the recommended dietary guidelines. ODO brought the comments of the detainees to the attention of the facility leadership who committed to review the breakfast diets and incorporate other meal options into the breakfast menu.

COMPLIANCE INSPECTION FINDINGS

SECURITY

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed ten SMU housing logs and found all ten logs lacked documentation confirming supervisory visits were conducted (**Deficiency SMU-1⁶**). In addition, the same logs also lacked a medical staff's signature for each detainees' individual record (**Deficiency SMU-2⁷**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the facility's written procedures and found no mention of how the facility routes detainee requests to the appropriate local ICE/ERO official(s) (**Deficiency SDC-1⁸**).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility's policy and procedures and determined the facility did not have a SAAPI policy or program in place at the facility (**Deficiency SAAPI-1⁹**).

CARE

FOOD SERVICE (FS)

ODO interviewed supervisory staff and found all staff and inmates assigned to food service had received a pre-employment medical clearance to work in a food handling environment as required by the standard. However, a further review found Country Table, a contracted caterer, provided bulk cooked food to KCJ. ODO was unable to verify if Country Table staff were receiving medical clearances. While Country Table was not serving the meals to detainees, nor even entering the facility, they were still handling and preparing food to be served to the detainee population. ODO cited this as an **Area of Concern**.

ODO interviewed supervisory staff and found Country Table and the facility were not equipped with a kosher kitchen, nor did they maintain any pre-made kosher diet trays. ODO noted there were no detainees receiving a kosher diet at the time of the inspection, nor had the facility received any requests for a kosher diet within the previous 12 months. ODO cited the facility's lack of preparedness for any detainees who may need a kosher diet in the future as an **Area of Concern**.

⁶ "...These logs shall also be used by supervisory staff and other officials to record their visits to the unit." *See* ICE NDS 2019, Standard, Special Management Units, Section (II)(D)(1).

⁷ "The facility medical staff shall sign each individual's record when the medical staff member visits a detainee in the SMU." *See* ICE NDS 2019, Standard, Special Management Units, Section (II)(D)(2)(b).

⁸ "The facility shall have written procedures to route detainee requests to the appropriate ICE/ERO official(s)." *See* ICE NDS 2019, Standard, Staff-Detainee Communication, Section (II)(C).

⁹ "The facility shall have written policy and procedures for a Sexual Abuse and Assault Prevention and Intervention Program." *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A).

MEDICAL CARE (MC)

ODO inspected [REDACTED] licensed medical staff credential files and found expired licenses for [REDACTED] physician assistant and [REDACTED] registered nurses (**Deficiency MC-1¹⁰**). ODO noted there was no lapse in individual credentials; however, the above-mentioned staff failed to provide updated credentials to the HSA for record keeping.

ODO reviewed 12 detainee files and found a consent form in all the files for general health care services. The form was supposed to have the detainees print their names at the top of the form and then sign the bottom of the form during the intake screening process. However, eight out of twelve consent forms did not include the detainees' names printed at the top of the form. Hence, ODO could not verify if the detainees read the consent statement prior to signing. ODO cited this as an **Area of Concern**.

ODO reviewed 12 detainee medical files and found the detainees had access to routine dental care, including dental cleanings, at their request. ODO was informed there was an on-site dentist available three days a week. Additionally, the medical records revealed 129 detainee dental examinations and treatments in 2019, and 48 detainees had been examined and treated thus far in 2020. The NDS 2019 standard requires routine examinations and care upon extended incarceration periods of six months or greater. The reported average detainee length of stay at KCJ is 28 days. KCJ made routine dental care available upon request at any time based on the detainees' perceived need, and not necessarily based on the length of detention, which exceeds standard requirements. ODO cited this as a **Best Practice**.

ACTIVITIES

RELIGIOUS PRACTICES (RP)

ODO reviewed the facility's written policy and found no mention of the observance of religious holy days (**Deficiency RP-1¹¹**).

VISITATION (V)

ODO reviewed the facility's detainee handbook and found visitation rules but no visitation hours (**Deficiency V-1¹²**).

ODO reviewed the facility's written visitation policies and found the policies did not cover incoming property and money for detainees (**Deficiency V-2¹³**) nor did the policy cover the process

¹⁰ "Health care staff shall have a valid professional licensed and/or certification for the jurisdiction in which they practice and will perform duties within the scope of their clinical license." See ICE NDS 2019, Standard, Medical Care, Section (II)(C).

¹¹ "A policy consistent with maintaining safety, security and the orderly operation of the facility shall be in place to facilitate the observance of important religious holy days." See ICE NDS 2019, Standard, Religious Practices, Section (II)(I).

¹² "The facility handbook shall include visitation rules and hours." See ICE NDS 2019, Standard, Visitation, Section (II)(B).

¹³ "The facility shall have written procedures regarding incoming property and money for detainees." See ICE NDS

to allow legal service providers and legal assistants to call the facility in advance to determine whether a particular individual was detained in the facility (**Deficiency V-3¹⁴**).

ODO reviewed the facility's visiting hours and found visits were not allowed on Sundays and Mondays and if a holiday fell on either day visits were not allowed (**Deficiency V-4¹⁵**).

ODO reviewed how detainee visits were conducted at the KCJ. General visits were conducted via video visitation at the facility and off-site during visitation hours using a visitation software, which could be downloaded on the Apple and/or Google Play app stores. The software allows for a detainees' family to be able to contact the detainee from anywhere in the United States with an internet connection during normal visitation hours. ODO cited this helpful technology as a **Best Practice**.

JUSTICE

LAW LIBRARY AND LEGAL MATERIALS (LL&LM)

ODO reviewed the facility's policies and procedures and found KCJ did not provide detainees with the rules and procedures for requesting legal reference materials not maintained in the law library. The procedure also did not inform detainees how to notify the facility about concerns with access to legal materials for detainees (**Deficiency LL&LM-1¹⁶**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under NDS 2019 and found the facility in compliance with 11 of those standards. ODO found 11 deficiencies in the remaining seven standards and three Areas of Concern. ODO commends facility staff for their responsiveness during this inspection. In addition, ODO noted two Best Practices and commends the facility for their due diligence for going above and beyond the scope of the standard to provide premier services for detainees.

ODO was very concerned with KCJ's lack of a SA-API program. Upon learning of the nonexistent SA-API program, ODO immediately briefed the facility and ICE/ERO Chicago staff of the issue. By the end of the inspection, KCJ provided to ODO a draft SA-API policy, which would emphasize zero tolerance of sexual abuse and/or assault of detainees within the facility.

ODO recommends ERO and KCJ work together to resolve any outstanding deficiencies in

2019, Standard, Visitation, Section (II)(D).

¹⁴ "Each facility shall establish a written procedure to allow legal service providers and legal assistants to telephone the facility in advance of a visit to determine whether a particular individual is detained in that facility." *See* ICE NDS 2019, Standard, Visitation, Section (II)(G)(6).

¹⁵ "Visits shall be permitted during set hours on Saturdays, Sundays, and holidays." *See* ICE NDS 2019, Standard, Visitation, Section (II)(F)(1).

¹⁶ "The facility shall provide detainees with the rules and procedures governing access to legal materials, communicating their content in a language or manner the detainee understands. Such rules and procedures shall include the following information: ...

4. The procedure for requesting legal reference materials not maintained in the law library; and

5. The procedure for notifying the facility about concerns with legal access.

See ICE NDS 2019, Standard, Law Library and Legal Material, Section, (II)(P)(4)(5)

accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2018 (NDS 2000)	FY 2020 (NDS 2019)
Standards Reviewed	15	18
Deficient Standards	10	7
Overall Number of Deficiencies	20	11
Repeat Deficiencies	0	0
Corrective Actions	2	0