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Immigration and Customs Enforcement
Office of Professional Responsibility
Inspections and Detention Oversight Division
Washington, DC 20536-5501

Office of Detention Oversight Compliance Inspection

Enforcement and Removal Operations

ERO Chicago Field Office
Kankakee County Jail
(Jerome Combs Detention Center)
Kankakee, Illinois

December 5-7, 2017

**OVERSIGHT INSPECTION
for the
KANKAKEE COUNTY JAIL (JEROME COMBS DETENTION CENTER)
Kankakee, Illinois**

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FACILITY OVERVIEW

The Office of Detention Oversight (ODO), a unit within U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR), conducted a compliance inspection of the Kankakee County Jail (KCJ) (Jerome Combs Detention Center) in Kankakee, Illinois from December 5-7, 2017¹. The KCJ opened in February of 2005 and is owned by Kankakee County and operated by the Kankakee County Sheriff's Department. The Office of Enforcement and Removal Operations (ERO) began housing detainees at KCJ in October of 2016, pursuant to an Intergovernmental Agreement (IGA), under oversight of the ERO Field Office Director (FOD) in Chicago.

A part-time Detention Services Manager is assigned to the facility. No other ERO officers are assigned to the facility. The Facility Chief is responsible for oversight of daily facility operations and is supported by (b) (7)(E) local law enforcement personnel. KCJ provides food service. The Medical Group provides medical care. The KCJ is contractually obligated to operate under the ICE National Detention Standards 2000 and is not contractually obligated to comply with the ICE Performance-Based National Detention Standards (PBNDS) 2011 Sexual Abuse and Assault Prevention and Intervention Standard. The facility does not hold any accreditations.

Capacity and Population Statistics	Quantity
Average ICE Detainee Population ²	110
Male Detainee Population (as of 12/05/2017)	144
Female Detainee Population (as of 12/05/2017)	0

This is ODO's first compliance inspection of the KCJ.

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

² *Ibid.*

FY 2017 FINDINGS BY NDS 2000 MAJOR CATEGORIES

NDS 2000 STANDARDS INSPECTED ³	DEFICIENCIES
Part 1 – Detainee Services	
Access to Legal Material	0
Admission and Release	1
Detainee Classification System	0
Detainee Grievance Procedures	0
Detainee Handbook	1
Food Service	0
Funds and Personal Property	3
Staff-Detainee Communication	1
Telephone Access	0
Sub-Total	6
Part 2 – Security and Control	
Environmental Health and Safety	5
Special Management Unit (Administrative Segregation)	1
Special Management Unit (Disciplinary Segregation)	1
Use of Force	3
Sub-Total	10
Part 3 – Health Services	
Medical Care	4
Suicide Prevention and Intervention	0
Sub-Total	4
Total Deficiencies	20

³ For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

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 over 72-hours to assess compliance with the ICE National Detention Standards (NDS) 2000 or the Performance-Based National Detention Standards (PBNDS) 2008 or 2011, as applicable. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being⁴. ODO identifies violations linked to ICE detention standards, ICE policies, or operational procedures as *deficiencies*. ODO also highlights instances when the facility resolves deficiencies prior to completion of the ODO inspection; these corrective actions are annotated with “C” under the Inspection Findings section of this report.

At the conclusion of each inspection, ODO holds a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is also 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. Additionally, ODO findings inform ICE executive management decision-making in better allocating resources across the agency’s entire detention inventory.

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

DETAINEE RELATIONS

ODO interviewed 22 detainees at the facility, each of whom volunteered to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. The majority of detainees reported being satisfied with facility services, with the exception of the below concerns.

Medical Care: Five detainees complained about the following:

The first detainee alleged he is not allowed to keep medication his family purchased for him.

- Action Taken: ODO discussed the detainee's complaint with ERO and facility medical staff. ODO reviewed the detainee's medical record and found he was evaluated by the healthcare provider on October 24, 2017 for chronic low back pain and was previously prescribed a specific over-the-counter medication (before arriving at KCJ). Following the physical examination, the detainee was prescribed Naproxen which the detainee acknowledged having received. Per ODO's inquiry, medical staff informed the detainee over-the-counter medication obtained outside the facility is not allowed due to security concerns.

The second detainee claimed he arrived at KCJ on November 22, 2017 and had not received a medical evaluation by a physician as of the date of inspection.

- Action Taken: ODO's review of the detainee's medical records revealed the detainee arrived at KCJ on November 22, 2017. Records indicate a medical screening was completed upon the detainee's arrival and a physical examination was completed on November 29, 2017. Review of the detainee's past medical history and physical examinations were noted as unremarkable. No further medical evaluations were deemed necessary.

The third detainee claimed to have been injured during transport to the facility a couple of months before and had not received outside medical care since the incident. He also claimed he was not given medications previously prescribed to him while at McHenry County Adult Correctional Facility.

- Action Taken: ODO discussed the detainee's complaint with ERO and facility medical staff. Upon the detainee's arrival at the facility, records indicate he complained about a headache and nose bleed he claimed were caused by hitting his head on a van window during transport. Medical staff confirmed the detainee arrived at KCJ with no prescribed medications and no significant medical history. The detainee was evaluated for his headache and a computerized tomography (CT) scan was ordered on November 13, 2017. The scan was completed the same day as his interview with ODO (December 5, 2017) and results were pending discussion with the detainee.

The fourth detainee stated he needs dentures so he can properly chew food.

- Action Taken: ODO discussed the detainee's complaint with ERO and facility medical staff. ODO reviewed the detainee's medical records and found he arrived at KCJ on November 20, 2017 and expressed no medical concerns. However, the detainee did request a soft diet due to his lack of teeth, which medical staff prescribed. The detainee submitted a dental sick call request to be evaluated for dentures the same day as his interview with ODO. He was scheduled for an examination by the dentist the following day.

The fifth detainee alleged he submitted a written medical sick call request on October 31, 2017 for Metamucil and did not receive a response until November 16, 2017.

- Action Taken: ODO confirmed the detainee submitted a medical request on October 31, 2017 due to constipation; and medical personnel did not respond to the request until November 16, 2017. Medical records indicate supervised administration of Metamucil was ordered at that time. ODO determined the sixteen-day response time to be excessive and recommended to the Health Services Administrator that sick call tracking be improved to ensure care is provided timely as required by the standard.

Housing Units/Lockdown: Multiple detainees in the KA pod complained, during free time, they are locked out of their cells and cannot re-enter without first asking an officer to unlock them.

- Action Taken: ODO spoke with the Jail Administrator regarding these complaints. He confirmed the practice was instituted several months ago following a series of detainee-on-detainee fights (in KA pod). Detainees can exit and enter their cells at will, but the entrance and exit must be facilitated by a housing officer. The Jail Administrator conceded detainees may have to wait a short period of time until the pod officer unlocks the door remotely; however, he considered this a minor inconvenience given the ongoing safety concerns.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ADMISSION AND RELEASE (A&R)

Prior to arrival at the facility, ERO completes a Risk Classification Assessment (RCA) on each detainee. ODO reviewed 25 randomly-selected detainee files and found each contained a completed RCA and a completed Order to Detain or Release (Form I-203/203a); however, one Form I-203 was not signed by ERO staff (**Deficiency A&R-1**⁵).

DETAINEE HANDBOOK (DH)

ODO's review of the detainee handbook found information regarding the following is included: recreation, telephone access, correspondence, rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, as well as each detainee's rights and responsibilities. However, the procedure for how detainees can access their personal property is not addressed (**Deficiency DH-1**⁶).

Corrective Action: The facility took corrective action by incorporating information on how detainees may access their personal property in the detainee handbook, in addition to posting it in the housing units and in the electronic handbook (kiosk) (**C-1**).

FUNDS AND PERSONAL PROPERTY (F&PP)

KCJ Policy 502, "Detainee Reception," outlines procedures for the initial inventory and receipt of detainee funds upon arrival at the facility. The policy states all detainee property should be stored in a secure storage area, accessible only by authorized personnel; however, there is no written procedure for the inventory and audit of detainee funds, valuables and personal property beyond the initial inventory (**Deficiency F&PP-1**⁷). Although the facility does not have written procedures, the supervising corporal provided ODO with documentation to verify the property room was inspected and contents verified approximately every two weeks.

There is no policy or written documentation regarding lost and/or damaged property and the requirements for processing claims (**Deficiency F&PP-2**⁸).

⁵ "An order to detain or release (Form I-203 or I-203a) bearing the appropriate official signature shall accompany the newly arriving detainee. IGSA facilities shall forward the detainee's A-file or temporary work file to the INS office with jurisdiction. Staff shall prepare specific documents in conjunction with each new arrival to facilitate timely processing, classification, medical screening, accounting of personal effects, and reporting of statistical data." See ICE NDS 2000, Standard, Admission and Release, Section (III)(H).

⁶ "The overview will briefly describe individual programs and services and associated rules. Among others, these include recreation, visitation, education, voluntary work, telephone use, correspondence, library use, and the canteen/commissary. The overview will also cover medical policy (sick-cell); facility-issued items, e.g., clothing, bedding, etc.; access to personal property; and meal service." See ICE NDS 2000, Standard, Detainee Handbook, Section (III)(B).

⁷ "Each facility shall have a written standard procedure for inventory and receipt of detainee funds and valuables." See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(D).

⁸ "Each facility shall have a written policy and procedures for detainee property reported missing or damaged." See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(H).

The detainee handbook does not provide notification regarding facility policies and procedures for personal property (**Deficiency F&PP-3⁹**).

Corrective Action: The facility initiated corrective action by developing language for the detainee handbook to notify detainees of facility policies and procedures for personal property (**C-2**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed written policies and the detainee handbook. The facility has written procedures to route detainee requests through the appropriate ICE officials. The policies and procedure fails to cover detainees with special requirements including those who are disabled, illiterate or know little or no English (**Deficiency SDC-1¹⁰**).

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO found inventories of hazardous substances were not current and completed in the dental office (**Deficiency EH&S-1¹¹**).

The dental office did not have a current inventory of flammable, toxic or caustic substances used and stored in the area; also, there were no Material Safety Data Sheets (MSDS) for the items (**Deficiency EH&S-2¹²**).

Exit diagrams are not conspicuously posted in each area of the facility. ODO inspected the detainee housing units and did not find exit diagrams posted (**Deficiency EH&S-3¹³**).

⁹ “The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including:

1. Which items they may retain in their possession;
2. That, upon request, they will be provided an INS-certified copy of any identity document (passport, birth certificate, etc.) placed in their A-files;
3. The rules for storing or mailing property not allowed in their possession;
4. The procedure for claiming property upon release, transfer, or removal;
5. The procedures for filing a claim for lost or damaged property.” See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(J).

¹⁰ “A detainee may obtain assistance from another detainee, housing officer, or other facility staff in preparing a request form. The OIC shall ensure that the standard operating procedures cover detainees with special requirements, including those who are disabled, illiterate, or know little or no English. Each facility will accommodate the special assistance needs of such detainees in making a request.” See ICE NDS 2000, Standard Staff- Detainee Communication, Section (III)(B).

¹¹ “Every area will maintain a running inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area. Inventory records will be maintained separately for each substance, with entries for each logged on a separate card (or equivalent). That is, the account keeping will not be chronological, but filed alphabetically, by substance (dates, quantities, etc.)” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(A).

¹² “Every area using hazardous substances will maintain a self-contained file of the corresponding Material Safety Data Sheets (MSDSs). The MSDSs provide vital information on individual hazardous substances, including instructions on safe handling, storage, and disposal, prohibited interactions, etc. Staff and detainees will have ready and continuous access to the MSDSs for the substances with which they are working while in the work area.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(B).

ODO interviewed administrative staff and the fire and safety officer and found fire drills were not being conducted until the month preceding the inspection. Although the facility started conducting fire drills in November 2017, drills were not documented for all areas and detainees were not evacuated (**Deficiency EH&S-4¹⁴**).

ODO's inspection of the medical department found unaccounted needles, syringes and surgical blades in the dental office, as well as in the emergency response bags. Per facility personnel, the HSA does not check the inventories on a weekly basis. An inventory is not being kept in the medical area for items that pose a security risk such as sharp instruments, syringes, needles and scissors (**Deficiency EH&S-5¹⁵**).

SPECIAL MANAGEMENT UNIT (ADMINISTRATIVE SEGREGATION) (SMU AS)

There were no detainees on administrative segregation status at the beginning of the inspection; however, two detainees were transferred during the inspection pending disciplinary hearings for fighting. ODO was informed by the Classification Officer (CA) there were seven detainees assigned to Administrative Segregation (AS) during the year preceding the inspection, and ODO's review of documentation found AS orders were not completed (**Deficiency AS-1¹⁶**).

SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION) (SMU DS)

There were no detainees on Disciplinary Segregation (DS) at the time of inspection, and only one detainee was under DS sanctions during the year preceding the inspection. The detainee was sanctioned to nine days DS for inciting a riot, disrespect to an officer, and trying to get other detainees to go against officers. ODO confirmed the disciplinary segregation order was issued; however, the seven day review was not conducted (**Deficiency DS-1¹⁷**).

¹³ "Every institution will develop a fire prevention, control, and evacuation plan to include, among other thing, the following: (h) conspicuously posted exit diagram conspicuously posted for and in each area." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(3)(h).

¹⁴ "Monthly fire drills will be conducted and documented separately in each department. (b) Detainees will be evacuated during fire drills, except in areas where security would be jeopardized or in medical areas where patient health could be jeopardized or, in individual cases when evacuation of patients is logistically not feasible. Staff-simulated drills will take place instead in the areas where detainees are not evacuated. (c). 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. The National Fire Protection Association (NFPA) recommends a limit of four and one-half minutes for drawing keys and unlocking emergency doors." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(b)(c).

¹⁵ "An inventory will be kept of those items that pose a security risk, such as sharp instruments, syringes, needles, and scissors. This inventory will be checked weekly by an individual designated by the medical facility Health Service Administrator (HSA) or equivalent." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(Q)(1).

¹⁶ "A written order shall be completed and approved by a supervisory officer before a detainee is placed in administrative segregation, except when exigent circumstances make this impracticable. In such cases, an order shall be prepared as soon as possible. A copy of the order shall be given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or orderly operation of the facility." See ICE NDS 2000, Standard, Special Management Unit (Administrative Segregation), Section (III)(B).

¹⁷ "All facilities shall implement written procedures for the regular review of all disciplinary segregation cases, consistent with the procedures specified below. *In SPCs/CDFs: (1) The Supervisory Detention Enforcement Officer (SDEO) shall review the status of a detainee in disciplinary segregation every seven days to determine whether the detainee: a. abides by all rules and regulations; and, b. is provided showers, meals, recreation, and other basic living standards, in accordance with section III.D. The weekly review(s) will include an interview with the detainee.*

USE OF FORCE (UOF)

The training lieutenant informed ODO the facility does not provide training in the Use of Force team technique, and they do not have protective gear to equip a UOF team (**Deficiency UOF-1¹⁸**).

Likewise, the training lieutenant informed ODO staff does not receive annual training in communication techniques, cultural diversity, confrontation avoidance procedures, application of restraints, and reporting procedures (**Deficiency UOF-2¹⁹**).

Based on staff interviews and review of documentation, ODO found there were no calculated, and one immediate use of force incident involving detainees during the year preceding the inspection. The immediate use of force involved a detainee, who, while in a booking cell became verbally disruptive and indicated the potential for self-harm. Staff entered his cell after he began rubbing his wrist on a concrete partition and saying he was going to kill himself. He complied with the application of restraints and was placed in a restraint chair. No injuries were noted during the medical assessment. ODO's review of documentation found the incident was documented by staff; however no after-action report was completed though ODO notes KCJ policy requires one to be completed (**Deficiency UOF-3²⁰**).

HEALTH SERVICES

MEDICAL CARE (MC)

ODO observed detainee intake medical screenings which are conducted by medical staff within the common area of the ICE receiving and discharging department. Medical staff members

The SDEO shall document his/her findings after every review, by completing a Disciplinary Segregation Review Form (I-887). See ICE NDS 2000, Standard, Special Management Unit (Disciplinary Segregation), Section (III)(C)(1).

¹⁸ "When a detainee must be forcibly moved and/or restrained during a calculated use of force, the use-of-force team technique shall apply." See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4).

¹⁹ "To control a situation involving an aggressive detainee, all staff must be made aware of their responsibilities through ongoing training. All detention personnel shall also be trained in approved methods of self-defense, confrontation avoidance techniques, and the use of force to control detainees. Staff will be made aware of prohibited use-of-force acts and techniques. Specialized training shall be required for certain non-lethal equipment e.g., (b) (7)(E). Staff members will receive annual training in confrontation avoidance procedures and forced cell-move techniques. Each staff member participating in a calculated use of force cell move must have documentation of annual training in these areas. Training should also cover use of force in special situations. Each officer must have been specifically certified to use a given device. Among other things, training shall include:

1. Communication techniques; 2. Cultural diversity; 3. Dealing with the mentally ill; 4. Confrontation avoidance; procedures; 5. Application of restraints (progressive and hard); and 6. Reporting procedures." See ICE NDS 2000, Standard, Use of Force, Section (III)(O).

²⁰ "Written procedures shall govern the use-of-force incident review, whether calculated or immediate, and the application of restraints. The review is to assess the reasonableness of the actions taken (force proportional to the detainee's actions), etc. IGSA will pattern their incident review process after INS. INS shall review and approve all After Action Review procedures. *The OIC, the Assistant OIC, the CDEO, and the Health Services Administrator shall conduct the after-action review. This four-member After-Action Review Team shall convene on the workday after the incident. The After-Action Review Team shall gather relevant information; determine whether policy was followed, and complete an after-action report, recording the nature of their review and findings. The after-action report is due within two working days of the detainee's removal from restraints.*" See ICE NDS 2000, Standard, Use of Force, Section (III)(K).

conduct interviews of detainees in an open area using a cart equipped with forms and equipment. This procedure does not afford detainees privacy as the screening can be overheard by correctional staff and other detainees (**Deficiency MC-1²¹**).

Tuberculosis screening is completed by way of Purified Protein Derivative (PPD) or chest x-rays. ODO’s review of 25 files found one detainee, who arrived on September 19, 2017, was placed in the general population and did not receive a PPD until September 21, 2017 (**Deficiency MC-2²²**).

ODO’s review of 25 medical records confirmed medical assessments are completed within 14 days of arrival. Assessments were properly completed by trained Registered Nurses and reviewed timely by the Medical Director; however, one record documented the assessment was completed by a Licensed Practical Nurse which is outside the scope for that position description (**Deficiency MC-3²³**).

A review of 25 documented dental assessments revealed all were completed by a Registered Nurse (**Deficiency MC-4²⁴**).

CONCLUSION

During this inspection, ODO reviewed the facility’s compliance with fifteen (15) standards under the NDS. In all, ODO found the facility compliant with five (5) standards and found twenty (20) deficiencies in the remaining ten (10) standards. ODO recommends ERO work with the facility to remedy all remaining deficiencies, as applicable and in accordance with contractual obligations.

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

²¹ “Adequate space and equipment will be furnished in all facilities so that all detainees may be provided basic health examinations and treatment in private.” See ICE NDS 2000, Standard, Medical Care, Section (III)(B).

²² “All new arrivals shall 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.” See ICE NDS 2000, Standard, Medical Care, Section (III)(D).

²³ “The health care staff will have a valid professional licensure and or certification. The U.S. Public Health Service (USPHS), Division of Immigration Health Services, will be consulted to determine the appropriate credentials requirements for health care providers.” See ICE NDS 2000, Standard, Medical Care, Section (III)(C).

²⁴ “An initial dental screening exam should be performed within 14 days of the detainee’s arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician’s assistant or nurse practitioner.” See ICE NDS 2000, Standard, Medical Care, Section (III)(E).