



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

**Office of Detention Oversight
Compliance Inspection
2023-001-057**

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

**Clay County Jail
Brazil, Indiana**

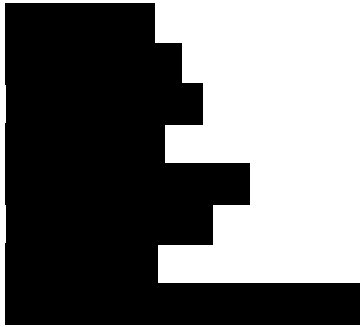
February 7-9, 2023

COMPLIANCE INSPECTION
of the
CLAY COUNTY JAIL
Brazil, Indiana

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COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Assistant Team Lead	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections

FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Clay County Jail (CCJ) in Brazil, Indiana, from February 7 to 9, 2023.¹ The facility opened in 2006, is owned by Clay County Commissioners, and operated by the Clay County Sheriff’s Department. 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 in Chicago (ERO Chicago). ICE is an authorized user of CCJ under a United States Marshals Service intergovernmental agreement contract, which does not specify an ICE National Detention Standard (NDS), and ODO inspected to the NDS listed on the ERO Facility List as of February 6, 2023. CCJ was inspected against the PBNDS 2008, and ODO’s assigned rating is for ERO’s informational purposes only.

ERO has no staff assigned to CCJ. A jail commander handles daily facility operations and manages [REDACTED] support personnel. Aramark-Chicago Lockbox provides food services, Quality Correctional Care provides medical care, and Tiger Commissary provides commissary services at the facility. CCJ does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of February 7, 2023)	[REDACTED]
Adult Female Population (as of February 7, 2023)	[REDACTED]

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

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

² Data Source: ERO Facility List as of February 6, 2023.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, and where detainees are housed for over 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 highlights instances when 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.

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

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2008 MAJOR CATEGORIES

PBNDS 2008 Standards Inspected ^{5,6}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	0
Transportation (by Land)	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Classification System	0
Contraband	0
Funds and Personal Property	2
Hold Rooms in Detention Facilities	0
Key and Lock Control	11
Sexual Abuse and Assault Prevention and Intervention	2
Special Management Units	0
Tool Control	3
Use of Force and Restraints	5
Sub-Total	23
Part 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Medical Care	0
Suicide Prevention and Intervention	0
Terminal Illness, Advance Directives, and Death	0
Sub-Total	0
Part 5 - Activities	
Correspondence and Other Mail	0
Recreation	0
Visitation	0
Sub-Total	0
Part 6 - Justice	
Detainee Handbook	0
Sub-Total	0

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

⁶ 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.

Part 7 - Administration and Management	
Staff Training	0
Sub-Total	0
Total Deficiencies	23

DETAINEE RELATIONS

ODO interviewed 16 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services and had no complaints.

COMPLIANCE INSPECTION FINDINGS

SECURITY

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed the facility's reception and orientation policy and found the facility had no written procedures to audit detainee valuables and personal property (**Deficiency FPP-4⁷**). **This is a repeat deficiency.**

ODO toured CCJ and found housing units C and E did not have lockers or other securable space for storing a detainee's authorized personal property (**Deficiency FPP-26⁸**). **This is a repeat deficiency.**

KEY AND LOCK CONTROL (KLC)

ODO reviewed the facility's key and lock training and found the following deficiencies:

- The training does not outline procedures or consequences for an employee leaving the facility with a key ring (**Deficiency KLC-3⁹**);
- The training does not detail procedures for an employee, who loses, misplaces, or otherwise cannot account for a key or key ring (**Deficiency KLC-4¹⁰**);

⁷ "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).

⁸ "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).

⁹ "Ordinarily, such training shall be done by the Security Officer (Key Control Officer), described below:

1. An employee who leaves the facility with a key ring shall return it immediately upon realizing his or her mistake."

See ICE PBNDS 2008, Standard, Key and Lock Control, Section (V)(A)(1).

¹⁰ "Ordinarily, such training shall be done by the Security Officer (Key Control Officer), described below: ...

2. An employee, who loses, misplaces, or otherwise cannot account for a key or key ring shall immediately alert the shift supervisor and promptly submit a written report."

See ICE PBNDS 2008, Standard, Key and Lock Control, Section (V)(A)(2).

- The training does not describe how staff shall not allow a detainee to handle facility keys under any circumstances (**Deficiency KLC-5¹¹**);
- The training does not describe how key rings shall be securely fastened with a metal clip or other approved device nor prohibit fastening keys to holsters or belt loops (**Deficiency KLC-6¹²**);
- The training does not describe how employees shall refrain from referring to key numbers or other means of key identification within earshot of a detainee (**Deficiency KLC-7¹³**);
- The training does not describe how employees shall pass keys to one another (**Deficiency KLC-8¹⁴**);
- The training does not describe operating locks without using force (**Deficiency KLC-9¹⁵**); and
- The training does not describe procedures for an employee to maintain visual oversight of a lock should a key break inside of it (**Deficiency KLC-10¹⁶**).

ODO interviewed the facility administrator and found the facility did not establish the position of Security Officer nor assign a staff member collateral security officer duty (**Deficiency KLC-11¹⁷**).

ODO reviewed facility positions, interviewed facility staff, and found the facility does not have a security officer (**Deficiency KLC-12¹⁸**).

¹¹ “Ordinarily, such training shall be done by the Security Officer (Key Control Officer), described below: ...

3. Under no circumstances shall staff allow a detainee to handle facility keys.”

See ICE PBNDS 2008, Standard, Key and Lock Control, Section (V)(A)(3).

¹² “Ordinarily, such training shall be done by the Security Officer (Key Control Officer), described below: ...

4. Key rings, including those for gun lockers, shall be securely fastened to a belt with a metal clip or other approved device. Fastening keys to a holsters or belt loop is prohibited.”

See ICE PBNDS 2008, Standard, Key and Lock Control, Section (V)(A)(4).

¹³ “Ordinarily, such training shall be done by the Security Officer (Key Control Officer), described below: ...

5. Employees shall not refer to key numbers or other means of key identification within earshot of a detainee.”

See ICE PBNDS 2008, Standard, Key and Lock Control, Section (V)(A)(5).

¹⁴ “Ordinarily, such training shall be done by the Security Officer (Key Control Officer), described below: ...

6. Employees shall neither throw nor slide keys to one another.”

See ICE PBNDS 2008, Standard, Key and Lock Control, Section (V)(A)(6).

¹⁵ “Ordinarily, such training shall be done by the Security Officer (Key Control Officer), described below: ...

7. Force shall not be used to operate locks.”

See ICE PBNDS 2008, Standard, Key and Lock Control, Section (V)(A)(7).

¹⁶ “Ordinarily, such training shall be done by the Security Officer (Key Control Officer), described below: ...

8. If a key breaks inside a lock, the employee shall maintain visual oversight of the lock until the problem is repaired.”

See ICE PBNDS 2008, Standard, Key and Lock Control, Section (V)(A)(8).

¹⁷ “Each facility administrator shall establish the position of Security Officer, or at a minimum, assign a staff member the collateral security officer duties, as described herein.” *See* ICE PBNDS 2008, Standard, Key and Lock Control, Section (V)(B).

¹⁸ “The Security Officer shall have a written position description that includes duties, responsibilities, and chain of command.” *See* ICE PBNDS 2008, Standard, Key and Lock Control, Section (V)(B)(1).

ODO reviewed the facility's training records, interviewed facility staff, and found the facility does not have nor send staff to a locksmith training program (**Deficiency KLC-15¹⁹**).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility's staff training and found staff training does not include:

- Definitions and examples of the following prohibited and illegal behavior;
- Agency prohibitions on retaliation against detainees and staff who report sexual abuse;
- An understanding that sexual abuse or assault is never an acceptable consequence of detention;
- Recognition of the physical, behavioral, and emotional signs of sexual abuse or assault and ways to prevent such occurrences;
- The investigation process and how to ensure that evidence is not destroyed;
- Prevention, recognition, and appropriate response to allegations or suspicions of sexual assault involving detainees with mental or physical disabilities;
- Understanding of how to report knowledge or suspicion of sexual abuse or assault and complete intervention referrals to the facility's program; and
- Understanding of documentation and referral procedures of all allegations or suspicion of sexual assault (**Deficiency SAAPI-11²⁰**).

ODO reviewed the orientation program, the know-your-rights video, and the detainee handbook, and found the detainee handbook does not include information regarding treatment and counseling. ODO also found the orientation program does include the following information:

- Prevention and intervention;
- Definitions and examples of detainee-on-detainee sexual abuse, staff-on-detainee sexual abuse, and coercive sexual activity;
- The sexual assault investigation process;
- Self-protection;

¹⁹ "All security officers shall successfully complete an approved locksmith training program." See ICE PBNDS 2008, Standard, Key and Lock Control, Section (V)(B)(2).

²⁰ "Training shall include:

- Definitions and examples of prohibited and illegal behavior;
- Agency prohibitions on retaliation against detainees and staff who report sexual abuse;
- An understanding that sexual abuse or assault is never an acceptable consequence of detention;
- Recognition of situations where sexual abuse or assault may occur;
- Recognition of the physical, behavioral, and emotional signs of sexual abuse or assault and ways to prevent such occurrences;
- The investigation process and how to ensure that evidence is not destroyed;
- Prevention, recognition, and appropriate response to allegations or suspicions of sexual assault involving detainees with mental or physical disabilities;
- Understanding of how to report knowledge or suspicion of sexual abuse or assault and make intervention referrals to the facility's program; and
- Understanding of documentation and referral procedures of all allegations or suspicion of sexual assault."

See ICE PBNDS 2008, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(F).

- Prohibition against retaliation; and
- Treatment and counseling (**Deficiency SA-API-12²¹**).

TOOL CONTROL (TC)

ODO reviewed the tool control policy, interviewed facility staff, and found CCJ did not develop and implement written procedures for storing tools and for surveying and destroying excess, broken, or worn-out tools (**Deficiency TC-1²²**).

ODO reviewed the tool control policy, interviewed facility staff, and found CCJ did not develop and implement written procedures for marking tools and thus making them readily identifiable (**Deficiency TC-15²³**).

ODO reviewed the tool control policy, interviewed facility staff, and found CCJ did not develop and implement written procedures for a tool-storage system to ensure accountability (**Deficiency TC-18²⁴**).

Corrective Action: Prior to the conclusion of the inspection, CCJ updated its tool control policy to include written procedures for a tool-storage system to ensure accountability, and implemented the new procedure (C-1).

USE OF FORCE AND RESTRAINTS (UOFR)

ODO interviewed facility staff and reviewed two Use of Force (UOF) after action-review reports and found the following deficiencies in one UOF incident:

- Medical staff did not immediately see the detainee after the UOF incident (**Deficiency UOFR-8²⁵**);

²¹ “The facility administrator shall ensure that the orientation program required by the Detention Standard on Admission and Release and the detainee handbook required by the Detention Standard on Detainee Handbook, notify and inform detainees about the facility’s Sexual Abuse and Assault Prevention and Intervention Program and that they include (at a minimum):

- Prevention and intervention;
- Definitions and examples of detainee-on-detainee sexual abuse, staff-on detainee sexual abuse, and coercive sexual activity;
- Explanation of the ways of reporting sexual abuse or assault, and the investigation process;
- Self-protection;
- Prohibition against retaliation;
- Treatment and counseling.”

See ICE PBNDS 2008, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(G).

²² “Each facility administrator shall develop and implement a written tool control system that establishes: ...

4. Procedures for storing tools;

8. Procedures for surveying and destroying excess, broken, or worn-out tools.”

See ICE PBNDS 2008, Standard, Tool Control, Section (V)(B)(4) and (8).

²³ “The facility administrator shall establish written procedures for marking tools, making them readily identifiable.”

See ICE PBNDS 2008, Standard, Tool Control, Section (V)(G).

²⁴ “The facility administrator shall establish written procedures for a tool-storage system that ensures accountability.”

See ICE PBNDS 2008, Standard, Tool Control, Section (V)(H).

²⁵ “Detainees subjected to use of force shall be seen by medical staff as soon as possible.” See ICE PBNDS 2008,

- Staff did not seek the assistance of qualified health personnel to determine if the detainee required continuing care (**Deficiency UOFR-48²⁶**);
- Staff did not seek the assistance of qualified health personnel to examine the detainee and provide treatment for possible injuries (**Deficiency UOFR-49²⁷**);
- The facility did not provide nor document medical services (**Deficiency UOFR-50²⁸**); and
- The health services administrator was not a member of the after-action review (**Deficiency UOFR-142²⁹**).

CONCLUSION

During this inspection, ODO assessed CCJ’s compliance with 23 standards under PBNDS 2008 and found CCJ in compliance with 18 of those standards. ODO found 23 deficiencies in the remaining 5 standards. ODO noted one instance in which CCJ took immediate corrective action during the inspection. Since CCJ’s last full inspection in November 2021, CCJ’s overall compliance with ICE PBNDS 2008 has trended down. CCJ went from 4 deficient standards and 5 deficiencies in November 2021 to 5 deficient standards and 23 deficiencies during this most recent full inspection, which included 2 repeat deficiencies. CCJ did not have written policies and procedures to audit detainee funds, valuables and personal property, and every housing unit did not have securable space for storing a detainee’s authorized personal property. ODO did not review the Key and Lock Control nor the Tool Control standards during the November 2021 inspection as they were not FY 2022 core standards, and these standards accounted for 14 out of 23 deficiencies found during this most recent inspection. ODO received a completed uniform corrective action plan (UCAP) for the full inspection in November 2021 and the follow-up inspection in May 2022. The two repeat deficiencies found during this inspection were noted as corrected on the UCAP, however, CCJ was unable to produce the corrected FPP policies. ODO recommends ERO Chicago continue to work with CCJ to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

Standard, Use of Force and Restraints, Section (V)(B)(6).

²⁶ “Upon gaining control of the detainee, staff shall seek the assistance of qualified health personnel to immediately:

1. Determine if the detainee requires continuing care and, if so, make the necessary arrangements.”

See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(H)(1).

²⁷ “Upon gaining control of the detainee, staff shall seek the assistance of qualified health personnel to immediately:

...

2. Examine the detainee and immediately treat any injuries.”

See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(H)(2).

²⁸ “Upon gaining control of the detainee, staff shall seek the assistance of qualified health personnel to immediately:

...

2. Examine the detainee and immediately treat any injuries. The medical services provided shall be documented.”

See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(H)(2).

²⁹ “The facility administrator, the assistant facility administrator, the Field Office Director’s designee, and the Health Services Administrator shall conduct the After-Action Review.” See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(P)(2).

Compliance Inspection Results Compared	FY 2022 Full Inspection (PBNDS 2008)	FY 2023 Full Inspection (PBNDS 2008)
Standards Reviewed	23	23
Deficient Standards	4	5
Overall Number of Deficiencies	5	23
Priority Component Deficiencies	N/A	0
Repeat Deficiencies	1	2
Areas Of Concern	0	0
Corrective Actions	0	1
Facility Rating	Superior	Good