



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
2024-001-217**

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

**Clay County Jail
Brazil, Indiana**


January 9-11, 2024

COMPLIANCE INSPECTION
of the
CLAY COUNTY JAIL
Brazil, Indiana

TABLE OF CONTENTS

FACILITY OVERVIEW	4
COMPLIANCE INSPECTION PROCESS	5
FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES	6
DETAINEE RELATIONS	7
COMPLIANCE INSPECTION FINDINGS	7
SECURITY	7
CUSTODY CLASSIFICATION SYSTEM	7
SPECIAL MANAGEMENT UNIT	8
SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION	9
CARE	10
MEDICAL CARE	10
CONCLUSION	10

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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 compliance inspection of the Clay County Jail (CCJ) in Brazil, Indiana, from January 9 to 11, 2024.¹ The facility opened in 2006 and is owned by Clay County Commissioners and operated by 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 this facility under a USMS IGA contract, which does not specify an ICE National Detention Standard (NDS), and ODO inspected to the NDS listed on the ERO Custody Management Division Authorized Facility List as of December 11, 2023. CCJ was inspected against the NDS 2019, and ODO's assigned rating is for ERO's informational purposes only.²

[REDACTED] A sheriff handles daily facility operations and manages [REDACTED] support personnel. Tiger Commissary provides food and commissary services, and Quality Correctional Care provides medical care at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ³	[REDACTED]
Average ICE Population ⁴	[REDACTED]
Adult Male Population (as of January 9, 2024)	[REDACTED]
Adult Female Population (as of January 9, 2024)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found 23 deficiencies in the following areas: Funds and Personal Property (2); Key and Lock Control (11); Sexual Abuse and Assault Prevention and Intervention (2); Tool Control (3); and Use of Force and Restraints (5).

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 Beginning in FY 2024, ERO Custody Management requested ODO inspect all USMS IGA facilities not contractually obligated to an ICE NDS against the NDS 2019.

³ Data Source: ERO Custody Management Division Authorized Facility List as of January 9, 2024.

⁴ *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. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.⁵

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.

⁵ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{6,7}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification	0
Facility Security and Control	2
Funds and Personal Property	2
Post Orders	0
Searches of Detainees	0
Use of Force and Restraints	0
Special Management Units	0
Staff Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	12
Sub-Total	16
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	3
Personal Hygiene	0
Significant Self-Harm and Suicide Prevention and Intervention	0
Sub-Total	3
Part 5 - Activities	
Correspondence and Other Mail	0
Religious Practices	0
Telephone Access	0
Voluntary Work Program	0
Sub-Total	0
Part 6 - Justice	
Grievance System	0
Law Libraries and Legal Material	0
Sub-Total	0

⁶ For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

⁷ Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

Part 7 - Administration and Management	
Detention Files	0
Detainee Transfers	0
Sub-Total	0
Total Deficiencies	19

DETAINEE RELATIONS

ODO interviewed six detainees, who each voluntarily agreed to participate. The remaining detainees declined ODO's request for an interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concern listed below.

Medical Care: One detainee stated medical staff did not answer his sick call request for toothache medication in a timely fashion.

- **Action Taken:** ODO interviewed the facility's health services administrator (HSA) and confirmed the detainee's arrival on December 22, 2023, and no documented report of tooth pain during intake. On December 31, 2023, the detainee submitted an electronic sick call request for dental pain. An LPN reviewed request the same day and determined it was non-emergent, and medical staff scheduled the detainee for an exam the next business day, January 2, 2024. The HSA examined the detainee on January 2, 2024, noted dental pain, prescribed Tylenol, as needed, for 3 days, and waitlisted the detainee for a dental appointment. The HSA confirmed the detainee's dental appointment for January 17, 2024. ODO followed-up with the detainee, notifying him of his upcoming dental appointment.

COMPLIANCE INSPECTION FINDINGS

SECURITY

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed [REDACTED] detainee detention files, and found in [REDACTED] out of [REDACTED] files, the facility staff classified [REDACTED] detainee at a low-security classification level and the other detainee at medium-low level; however, the facility staff housed both detainees with [REDACTED] other detainees, classified from medium-high to high (**Deficiency CCS-14⁸**). **This is a priority component.**

ODO reviewed three detainee files and found in three out of three files, the classification officer did not use classification assessment instruments to consider the detainees' risk of victimization

⁸ "All facilities shall ensure detainees are housed according to their classification level." See ICE NDS 2019, Standard, Custody Classification System, Section (II)(D).

or abusiveness (**Deficiency CCS-24⁹**).

SPECIAL MANAGEMENT UNIT (SMU)

ODO interviewed a facility captain, reviewed the facility's SMU policy and detention files of five detainees in administrative segregation (AS) during the inspection period, and found the following deficiencies:

- No date and time of release documented on the AS orders (**Deficiency SMU-19¹⁰**);
- No record of whether supervisors conducted placement reviews within 72 hours of a detainee's placement into AS (**Deficiency SMU-22¹¹**);
- No classification assessment instruments used to document the detainee's risk of victimization or abusiveness (**Deficiency SMU-24¹²**);
- No SMU detainee activities documented in a log (**Deficiency SMU-61¹³**);
- No SMU log maintained to record the detainee's name, A-number, housing location, date admitted, reasons for admission, status review dates, tentative release date (for detainees in disciplinary segregation), the authorizing official, and date released (**Deficiency SMU-62¹⁴**);
- No completed SMU housing unit record or comparable form placed in the detainees' files (**Deficiency SMU-64¹⁵**);
- No record of whether the detainees ate, showered, recreated, took medications, had medical conditions, and expressed or exhibited suicidal/assaultive ideations, intent, or behavior in SMU included in detainee's file (**Deficiency SMU-65¹⁶**);

⁹ "Reclassification assessments shall consider, among other factors, the detainee's risk of victimization or abusiveness." See ICE NDS 2019, Standard, Custody Classification System, Section (II)(F).

¹⁰ "When the detainee is released from administrative segregation, the releasing officer shall indicate the date and time of release on the administrative segregation order." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(A)(2)(c).

¹¹ "A supervisor shall conduct a review within 72 hours of the detainee's placement in administrative segregation to determine whether segregation is still warranted." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(A)(3)(a).

¹² "1) The review shall include an interview with the detainee.

2) A written record shall be made of the decision and the justification."

See ICE NDS 2019, Standard, Special Management Unit, Section (II)(A)(3)(a)(2).

¹³ "A permanent log shall be maintained in the SMU to record all activities concerning SMU detainees (e.g., meals served, recreational time, visitors, etc.)." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(D)(1).

¹⁴ "The SMU log shall record the detainee's name, A-number, housing location, date admitted, reasons for admission, status review dates, tentative release date (for detainees in disciplinary segregation), the authorizing official, and date released." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(D)(1).

¹⁵ "The Special Management Housing Unit Record or comparable form shall be prepared immediately upon the detainee's placement in the SMU." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(D)(2).

¹⁶ "The special housing unit officer shall immediately record:

1) Whether the detainee ate, showered, recreated and took any medication; and

2) Any additional information, such as whether the detainee has a medical condition, or has expressed or exhibited suicidal/assaultive ideation, intent, or behavior.

3) The officer that conducts the activity shall print his or her name and sign the record."

See ICE NDS 2019, Standard, Special Management Unit, Section (II)(D)(2)(a)(1-2).

- No completed activities record with the printed and signed name of the SMU officer **(Deficiency SMU-66¹⁷)**;
- No completed and signed SMU medical visit records placed in detainees' files **(Deficiency SMU-67¹⁸)**;
- No completed, signed, and initialed records after a medical visit **(Deficiency SMU-68¹⁹)**;
- No administrative or segregation orders attached or included in the detainees' detention files or retrievable electronic records **(Deficiency SMU-69²⁰)**; and
- No records in any of the five files indicating staff conducted irregular checks not to exceed 30 minutes **(Deficiency SMU-84²¹)**. **This is a priority component.**

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility's staff training and found the training material did not include discussion of the facility's zero-tolerance policies for all forms of sexual abuse and assault and the right of detainees and staff to be free from sexual abuse and assault and from retaliation for reporting sexual abuse and assault **(Deficiency SAAPI-27²²)**.

ODO reviewed the facility's staff training and found no instruction on sexual abuse and assault as never an acceptable consequence of detention; recognition of situations where sexual abuse and assault may occur; nor steps to avoid inappropriate relationships with detainees **(Deficiency SAAPI-28²³)**.

¹⁷ "The special housing unit officer shall immediately record:

- 1) Whether the detainee ate, showered, recreated and took any medication; and
- 2) Any additional information, such as whether the detainee has a medical condition, or has expressed or exhibited suicidal/assaultive ideation, intent, or behavior.
- 3) The officer that conducts the activity shall print his or her name and sign the record."

See ICE NDS 2019, Standard, Special Management Unit, Section (II)(D)(2)(a)(3).

¹⁸ "The facility medical staff shall sign each individual's record when the medical staff member visits a detainee in the SMU. The housing officer shall initial the record after the medical visits are completed, but no later than the end of the shift." *See ICE NDS 2019, Standard, Special Management Unit, Section (II)(D)(2)(b).*

¹⁹ "The facility medical staff shall sign each individual's record when the medical staff member visits a detainee in the SMU. The housing officer shall initial the record after the medical visits are completed, but no later than the end of the shift." *See ICE NDS 2019, Standard, Special Management Unit, Section (II)(D)(2)(b).*

²⁰ "Upon a detainee's release from the SMU, the releasing officer shall attach that detainee's entire housing unit record to either the administrative segregation order or the disciplinary segregation order and ensure the record's inclusion in the detainee's detention file or retrievable electronic record." *See ICE NDS 2019, Standard, Special Management Unit, Section (II)(D)(2)(c).*

²¹ "SMU staff shall observe and log observations at least every 30 minutes on an irregular schedule." *See ICE NDS 2019, Standard, Special Management Unit, Section (II)(K).*

²³ "Employee training shall ensure facility staff are able to fulfill their responsibilities under this standard and shall include: ...

4. Instruction that sexual abuse and assault is never an acceptable consequence of detention;
5. Recognition of situations where sexual abuse and assault may occur;
6. How to avoid inappropriate relationships with detainees;
7. Working with vulnerable populations and addressing their potential vulnerability in the general

CARE

MEDICAL CARE (MC)

ODO reviewed █ detainee medical records and found in █ out of █ records, medical staff conducted and documented comprehensive health assessments between 26 and 41 days after the detainees' arrival (**Deficiency MC-27²⁴**). **This is a priority component.**

ODO reviewed █ detainee medical records and found in █ out of █ records, the facility medical provider did not conduct nor review the detainees' physical examinations (**Deficiency MC-29²⁵**).

ODO reviewed █ detainee medical records and in found █ out of █0 records, medical staff conducted and documented initial dental screening exams between 26 and 41 days after the detainees' arrival dates (**Deficiency MC-43²⁶**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 24 standards under NDS 2019 and found the facility in compliance with 20 of those standards. ODO found 19 deficiencies in the remaining 4 standards. CCJ went from 5 deficient standards and 23 deficiencies in February 2023 to 4 deficient standards and 19 deficiencies during this most recent full inspection, which includes 3 priority component deficiencies: (1) not documenting irregular, not to exceed 30-minute checks for detainees in SMU; (2) no documenting of comprehensive health assessments; and (3) no housing of detainees according to their classification level. This was CCJ's first inspection against the NDS 2019; therefore, ODO did not conduct a trend analysis from last year's inspections to this inspection. ODO received a completed uniform corrective action plan (UCAP) for ODO's last full inspection in February 2023, but did not receive a completed UCAP for the follow-up inspection, likely due to the facility's change to NDS 2019. ODO recommends ERO Chicago continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

population.”

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(E)(4-7).

²⁴ “The facility will conduct and document a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival at the facility.” See ICE NDS 2019, Standard, Medical Care, Section (II)(E).

²⁵ “When a physical examination is not conducted by a provider, it must be reviewed by a provider.” See ICE NDS 2019, Standard, Medical Care, Section (II)(E).

²⁶ “An initial dental screening exam shall be performed within 14 days of the detainee's arrival.” See ICE NDS 2019, Standard, Medical Care, Section (II)(H).

Compliance Inspection Results Compared	FY 2023 Full Inspection (PBNDIS 2008)	FY 2024 Full Inspection (NDS 2019)
Standards Reviewed	23	24
Deficient Standards	5	4
Overall Number of Deficiencies	23	19
Priority Component Deficiencies	0	3
Repeat Deficiencies	2	0
Areas Of Concern	0	0
Corrective Actions	1	0
Facility Rating	Good	Acceptable/Adequate