



U.S. Department of Homeland Security
U.S. 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
Kankakee, Illinois

November 30-December 4, 2020

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

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COMPLIANCE INSPECTION TEAM MEMBERS

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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 November 30 to December 4, 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 (FOD) in Chicago (ERO Chicago). The facility operates under the National Detention Standards (NDS) 2000.

ERO has assigned deportation officers and a detention standards compliance officer to the facility. The KCJ chief of corrections handle daily facility operations and is supported by █ personnel. County Table provides food services, MJS Advantage provides medical care, and Stellar Commissary provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in June 2020.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	144
Average ICE Detainee Population ³	█
Male Detainee Population (as of 11/27/2020)	█

During its last inspection, in Fiscal Year (FY) 2020, ODO reviewed the facility’s compliance with the NDS 2019, and found 11 deficiencies in the following areas: Medical Care (1); Special Management Units (2), Staff-Detainee Communication (1), Sexual Abuse and Assault Prevention and Intervention (1), Religious Practices (1), Visitation (4), and Law Libraries and Legal Material (1).

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

² Data Source: ERO Facility List Report as of November 27, 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 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected ^{5,6,7}	Deficiencies
Part 1 – Detainee Services	
Access to Legal Material	0
Admission and Release	0
Detainee Classification System	1
Detainee Grievance System	1
Food Service	0
Funds and Personal Property	1
Religious Practices	2
Staff-Detainee Communication	0
Telephone Access	0
Sub-Total	5
Part 2 – Security and Control	
Environmental Health and Safety	0
Emergency Plans	0
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Population Counts	3
Use of Force	0
Sub-Total	3
Part 3 – Health Services	
Hunger Strikes	0
Medical Care	0
Suicide Prevention and Intervention	1
Sub-Total	1
National Detention Standard 2019	
Sexual Abuse and Assault Prevention and Intervention	0
Federal Performance Based National Detention Standard (FPBNDS)	
Detainees with Disabilities	0
Sub-Total	0
Total Deficiencies	9

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

⁶ “Beginning in FY2021, ODO added Emergency Plans, Population Counts, Hunger Strikes, and Staff Training as core standards. NDS 2000 does not include Staff Training as an individual standard; however, this specific requirement is resident in other core standards.”

⁷ NDS 2000 does not include Detainees with Disabilities; therefore, it was addressed under the Federal Performance Based National Detention Standard.

DETAINEE RELATIONS

ODO interviewed 12 detainees, who each volunteered to participate. None of the detainees made allegations of discrimination, mistreatment, nor 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 complained it takes three to four days to be seen by the medical department after a sick call submission.

- Action Taken: ODO interviewed the health safety administrator (HSA) and reviewed the detainee's medical record. ODO found the detainee submitted four sick call requests in the past two months and was seen by a medical provider on the same day of each said request. On October 15, 2020, the detainee submitted a sick call request concerning dry eyes, was evaluated by the registered nurse (RN) and provided an over the counter eye drop as treatment. On November 5, 2020, the detainee submitted a sick call request concerning a bump on his arm, was evaluated by the RN and educated on how to monitor the bump. On November 9, 2020, the detainee submitted a sick call request concerning eye irritation, was seen by the RN, diagnosed to have an eye pterygium, and scheduled to see the nurse practitioner (NP). On November 10, 2020, the detainee was seen by the NP, where the detainee indicated the bump was not causing him any complaints, nor did the NP have any medical concerns regarding the bump; however, it took an additional 20 days for the detainee to receive his prescribed steroid eye drops. The HSA advised ODO the detainee was educated on his treatment and advised to return to sick call if his symptoms persist or worsen.

Medical Care: One detainee complained he has submitted multiple sick call requests over the past five months regarding prescribe eye medication and was advised he was on the medical waiting list to receive his prescribed treatment medication.

- Action Taken: ODO reviewed the detainee's medical record and interviewed the HSA. On December 3, 2019, the detainee submitted a sick call request concerning issues with his left eye, was seen by the provider who evaluated the detainee, and scheduled an outside referral to the ophthalmologist. On December 27, 2019, the ophthalmologist evaluated the detainee and prescribed artificial tears as treatment. The HSA advised ODO the detainee has a follow-up appointment with the ophthalmologist scheduled in January 2021; however, there were no additional records of the detainee requesting other sick calls.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO reviewed the facility's DCS program, interviewed the intake corporal, reviewed [REDACTED] staff training files, and found [REDACTED] out of [REDACTED] staff members did not receive classification training (**Deficiency DCS-5⁸**).

DETAINEE GRIEVANCE PROCEDURES (DGP)

ODO reviewed the facility's DGS program and found the facility has the incorrect address annotated within the facility's detainee handbook for the U.S. Office of Inspector General (**Deficiency DGP-72⁹**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed 15 detainee files for F&PP and found 15 out of 15 detainee files did not contain a forwarding address for the detainees regarding their lost or forgotten personal property after the detainees release, transfer or removal from ICE custody (**Deficiency F&PP-22¹⁰**).

RELIGIOUS PRACTICES (RP)

ODO reviewed the facility's RP program, interviewed staff, and found the detainees' religious diet requests are not forwarded to the chaplain for mutual consultation approvals with the medical department (**Deficiency RP-36¹¹**).

ODO reviewed the facility's PR program and found the facility does not maintain a written policy regarding the observance of religious holy days (**Deficiency RP-56¹²**).

⁸ "All officers assigned to classification duties shall be trained in the facility's classification process." See ICE NDS 2000, Standard Detainee Classification System, Section (III)(A)(1).

⁹ "The grievance section of the detainee handbook will provide notice of the following:

6. The opportunity to file a complaint about officer misconduct directly with the Justice Department by calling 1-800-869-4499 or by writing to: Department of Justice P.O. Box 27606 Washington, DC 20038-7606." See ICE NDS 2000, Standard, Detainee Grievance System, Section (III)(G)(1-6).

¹⁰ "Standard operating procedure will include obtaining a forwarding address from every detainee who has personal property that could be lost or forgotten in the facility after the detainee's release, transfer, or removal." See ICE NDS 2011, Standard, Funds and Personal Property, Section (III)(C).

¹¹ "Before approving a special diet, the Chaplain will consult with the medical department to ensure the diet is nutritious and does not pose a threat to the detainee's health." See ICE NDS 2000, Standard, Religious Practices, Section (III)(M).

¹² "A policy consistent with maintaining safety, security and the orderly operation of the facility shall be in place to facilitate the observance of important "holy days." See ICE NDS 2000, Standard, Religious Practices, Section (III)(I).

SECURITY AND CONTROL

POPULATION COUNT (PC)

ODO reviewed the facility's PC program, interviewed staff, and determined the detainee out-count records for detainees who temporarily departed the facility is maintained by the facility's unit officer and not by the control officer (**Deficiency PC-45¹³**).

ODO reviewed the facility's PC program, interviewed staff, and determined the record of detainee master count is not maintained in the facility's control center (**Deficiency PC-49¹⁴**).

HEALTH SERVICES

SUICIDE PREVENTION AND INTERVENTION (SP&I)

ODO reviewed the SP&I Program, reviewed one medical file, and found the sole detainee formerly under suicide watch was authorized to return to general population by a licensed clinical professional counselor and not by the clinical director as required (**Deficiency SP&I-20¹⁵**).

NDS 2019 STANDARD INSPECTED

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility's PREA policy and notes as an **Area of Concern** the facility's written policy does not include procedures for the investigation and discipline of the assailants, including coordinating with ICE/ERO and other agencies to ensure an administrative and/or criminal investigation is completed for all SAAPI/PREA allegations.

ODO reviewed the facility's PREA policy and notes as an **Area of Concern** the facility's written policy does not include procedures for the investigation and discipline of assailants, including coordinating with internal administrative investigations with the assigned criminal investigation entity to ensure non-interference with the criminal investigation and coordinating with ICE OPR.

ODO interviewed the facility's PREA coordinator and notes as an **Area of Concern** the facility does not document the detainee's participation in the facility's SAAPI instructional session.

ODO reviewed the facility's PREA policy and notes as an **Area of Concern** the facility's written policy does not include procedures for notifying ICE/ERO concerning SAAPI/PREA allegations.

ODO reviewed the facility's PREA policy and notes as an **Area of Concern** the facility's written policy does not include cooperating with ICE/ERO audits nor the monitoring of the facility's compliance with sexual abuse and assault policies and standards.

¹³ "The control officer shall maintain an out-count record of the number and destination of all detainees who temporarily leave the facility." See ICE NDS 2000, Population Counts, Section (III)(E).

¹⁴ "The facility Control Center will maintain a master count" See ICE NDS 2000, Standard, Population Counts, Section (III)(D).

¹⁵ "A detainee formerly under a suicide watch may be returned to general population, upon written authorization from the CD" See ICE NDS 2000, Standard, Suicide Prevention and Intervention, Section (III)(C).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under NDS 2000, one standard under NDS 2019, one standard under FBPNDs, and found the facility in compliance with fourteen of those NDS 2000 standards. ODO found nine deficiencies in the remaining six NDS 2000 standards. ODO noted five **Area of Concerns** in the SA-API standard regarding the lack of procedural information in the facility's written policy and the lack of detainee participation during instructional sessions; however, KCJ is not contractually obligated to comply with the NDS 2019 SA-API standard. There were no issues found in the FBPNDs standard. ODO commends facility staff for their responsiveness during this inspection and their efforts to comply with the NDS 2019 SA-API standard. ODO recommends ERO work with facility personnel to remedy any deficiencies that remain outstanding, as applicable and in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2020 (NDS 2019)	FY 2021 (NDS 2000, NDS 2019, FBPNDs)
Standards Reviewed	18	20
Deficient Standards	7	6
Overall Number of Deficiencies	11	9
Repeat Deficiencies	0	0
Corrective Actions	0	0
Area of Concern	0	5