



U.S. Department of Homeland Security
U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
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Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Chicago Field Office

McHenry County Correctional Facility
Woodstock, Illinois

August 10-13, 2020

COMPLIANCE INSPECTION
of the
MCHENRY COUNTY CORRECTIONAL FACILITY
Woodstock, 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 compliance inspection of the McHenry County Correctional Facility (MCCF) in Woodstock, Illinois, from August 10 to 13, 2020.¹ The facility opened in 1992 and is owned and operated by McHenry County Sheriff's Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at MCCF in 2005 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 services manager to the facility. An MCCF warden handles daily facility operations and is supported by ██████ personnel. Aramark provides food and commissary services at the facility. Wellpath provides medical care services at the facility. The facility was accredited by the American Correctional Association (ACA) in January 2020 and the National Commission on Correctional Health Care in July 2019.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	250
Average ICE Detainee Population ³	225
Male Detainee Population (as of 4/2/2019)	137
Female Detainee Population (as of 4/2/2019)	14

During its last inspection, in Fiscal Year (FY) 2018, ODO found 12 deficiencies in the following areas: Admission and Release (2), Food Service (3), Funds and Personal Property (2), Environmental Health and Safety (1), Special Management Unit (Administrative Segregation) (2), and Medical Care (2).

¹ This facility holds male and female 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 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	Deficiencies
Part 1 – Detainee Services	
Access to Legal Material	0
Admission and Release	1
Detainee Classification System	0
Detainee Grievance Procedures	1
Food Service	0
Funds and Personal Property	1
Recreation	0
Religious Practices	0
Staff-Detainee Communication	1
Telephone Access	0
Visitation	2
Sub-Total	6
Part 2 – Security and Control	
Environmental Health and Safety	1
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	4
Sub-Total	5
Part 3 – Health Services	
Medical Care	1
Suicide Prevention and Intervention	0
Sub-Total	1
NDS 2019 Standard Inspected	
Sexual Abuse and Assault Prevention and Intervention	0
FPBDS Standard Inspected	
Disability, Identification, Assessment, and Accommodation ⁶	0
Sub-Total	0
Total Deficiencies	12

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

⁶ This standard was inspected under the Federal Performance-Based Detention Standards (FPBDS).

DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. One detainee exhibited signs of mental health issues during the interview, which ODO immediately referred him to both ERO and facility medical staff for follow-up. 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 she was not satisfied with medical care as medical staff did not provide appropriate pain medication for her chronic injuries.

- Action Taken: ODO reviewed the detainee's medical records and found medical staff conducted an initial assessment and evaluated the detainee for diabetes and hypertension on August 3, 2020. ODO also found the detainee placed a sick call request on July 29, 2020, to obtain pain medication for a hernia. However, the detainee refused the doctor's evaluation. On August 12, 2020, medical staff evaluated the detainee for chronic care and prescribed her pain medication and renewed her medication for diabetes and hypertension.

Medical Care: One detainee complained medical staff did not respond to her sick call requests regarding her irregular menstrual cycles.

- Action Taken: ODO reviewed the detainee's medical records and found the detainee arrived at MCCF on June 15, 2020. On June 22, 2020, prior to the initial health assessment, the detainee requested a sick call, for a urinary tract infection, which medical staff performed a urine test and prescribed her antibiotics. On June 24, 2020, medical staff completed an initial health assessment, during which the detainee stated her last menstrual cycle on May 25, 2020, was normal. Medical staff interviewed the detainee on August 11, 2020, which the detainee stated her last menstrual cycle occurred on July 27, 2020, without issues. ODO did not find the detainee placed other sick call requests regarding irregular menstrual cycles.

Medical Care: One detainee complained medical staff did not provide pain medication for the detainee's knee pain and swelling.

- Action Taken: ODO reviewed the detainee's medical records and found a doctor evaluated the detainee for sick call related to knee pain on June 10, 2020. The doctor diagnosed the detainee with chronic joint arthritis pain and prescribed him Mobic and Tylenol. The detainee was provided range of motion exercises, a reasonable accommodation for a lower bunk, and instructed to return to the clinic, as needed. On August 10, 2020, ODO referred the detainee to medical staff for a follow-up, which the nurse evaluated the detainee regarding his knee pain and provided medication to alleviate the pain and swelling.

Medical Care: One detainee complained he had a rash for which medical staff denied him access

to a dermatologist and provided him a cream that had no effect.

- Action Taken: ODO reviewed the detainee's medical records and found the detainee arrived to MCCF on August 15, 2019, and medical staff evaluated the detainee on August 29, 2019. Medical staff continued the detainee's medication from his previous facility for hypertension, hyperlipidemia, and a rash on his back. Medical staff routinely observed the detainee for chronic care hypertension and hyperlipidemia with elevated blood pressures and cholesterol levels and determined a referral to a dermatologist was not clinically necessary. The detainee routinely requested a refill of a prescribed cream which was provided and relieved the detainee's itch.

Medical Care: One detainee stated the facility did not provide him medical care, he was going deaf and blind, and he was provided with medication, but refused to take it. ODO noted the detainee exhibited potential signs of mental health issues and immediately referred the detainee to both ICE/ERO and facility staff for follow-up.

- Action Taken: ODO reviewed the detainee's medical records and found medical staff evaluated the detainee on February 2, 2020. The detainee denied any medical concerns upon intake or his initial health assessment. The doctor evaluated the detainee for a toenail bruise on January 25, 2020, which the detainee stated he did not recall trauma to his toe, denied any pain, and declined medication. On May 6, 2020, medical staff evaluated the detainee after he placed a sick call for Q-Tips to clean his ears. Medical staff determined his ears had a normal amount of cerumen, no impaction, and no signs of trauma. Upon ODO's recommendation, a mental health provider evaluated the detainee on August 10, 2020, and determined he did not need further mental health treatment at that time.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ADMISSION AND RELEASE (A&R)

ODO reviewed the facility's policy, interviewed facility staff, and found the facility did not complete Form I-387, Report of Detainee's Missing Property, when a newly arrived detainee claimed their property was lost or left at a previous facility nor did the facility forward the completed forms to ICE/ERO (**Deficiency A&R-1⁷**).

DETAINEE GRIEVANCE PROCEDURES (DGP)

ODO interviewed the facility's grievance officer and found the facility did not maintain a copy of the detainee's resolved grievance in the detainee's detention file (**Deficiency DGP-1⁸**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the facility's detainee handbook and found it did not notify detainees, upon the detainees' request, the detainees would be provided an ICE-certified copy of any identification document in their A-file (**Deficiency F&PP-1⁹**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed weekly visit records and found the ICE/ERO staff did not consistently complete Model Protocol Forms from weekly scheduled visits (**Deficiency SDC-1¹⁰**).

VISITATION (V)

ODO reviewed the facility's visitation policy and found it did not have a written procedure in place allowing legal service providers and legal assistants to telephone the facility before a visit to determine whether a particular individual is detained in the facility (**Deficiency V-1¹¹**).

⁷ "The officer shall complete a Form I-387, "Report of Detainee's Missing Property" when any newly arrived detainee claims his/her property has been lost or left behind. IGSA facilities shall forward the completed I-387s to INS." See ICE NDS 2000, Standard, Admission and Release, Section (III)(I).

⁸ "A copy of the grievance will remain in the detainee's detention file for at least three years. The facility will maintain that record for a minimum of three years and subsequently, until the detainee leaves INS custody." See ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(E).

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

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." See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(J)(2). **This is a Repeat Deficiency.**

¹⁰ "For Inter-Governmental Service Agreements (IGSAs) facilities housing ICE detainees the model protocol should be completed weekly for regularly used facilities and each visit for facilities, which are used intermittently." See ICE NDS 2000, Change Notice, Staff-Detainee Communication, Model Protocol Form.

¹¹ "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 2000, Standard Visitation, Section (III)(I)(6).

ODO reviewed the facility's written visitation policy and found it did not contain information regarding pre-representational meetings, Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative requirements, and confidential group legal meetings (**Deficiency V-2**¹²).

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

The facility refused to provide ODO documentation demonstrating it had Fire Prevention and Evacuation Plan and Emergency Plans, citing security issues (**Deficiency EH&S-1**¹³).

USE OF FORCE (UOF)

ODO reviewed calculated UOF incidents and found the facility staff did not videotape two out of six incidents, as required (**Deficiency UOF-1**¹⁴).

ODO found in four out of six UOF incidents, staff were not clothed in the appropriate protective gear (**Deficiency UOF-2**¹⁵).

ODO found in four out of six UOF incidents, the facility staff did not conduct the following: remove [REDACTED] when identifying themselves; did not always offer the detainee a last chance to cooperate before team action; confrontational avoidance was not always filmed; the UOF videotape did not contain close-ups of the detainee's body during the medical exam, focusing on the presence/absence of injuries; and the UOF videotapes did not contain a debriefing (**Deficiency UOF-3**¹⁶).

¹² "The facility's written legal visitation policy shall be available upon request. The site-specific policy shall specify visitation hours, procedures and standards, including, but not limited to... pre-representational meetings; Form G-28 requirements... confidential group legal meetings..." See ICE NDS 2000, Standard, Visitation, Section (III)(I)(16).

¹³ "The facility will comply with standards and regulations issued by the National Fire Protection Association (NFPA), Environmental Protection Agency (EPA) and OSHA, national, state, and local fire safety codes, and the applicable standards of the American Society for Testing and Materials, American National Standards Institute, and Underwriters' Laboratories or Factory Mutual Engineering Corporation. Such topics will include, but are not limited to, fire safety codes; regular fire and safety inspections; a fire prevention, control and evacuation plan and fire drills." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(D).

¹⁴ "INS requires that all incidents of use of force be documented and forwarded to INS for review. The videotaping of all calculated used [*sic*] of force is required..." See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(2)(b).

¹⁵ "The [REDACTED] See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4)(a).

¹⁶ "Calculated-use-of-force videotape will be edited as follows: ...

2. Faces of all team members briefly appear ([REDACTED]), one at a time, identified by name and title.
3. Team Leader offering detainee last chance to cooperate before team action, outlining use-of-force procedures, engaging in confrontation avoidance, and issuing use-of-force order...
5. Close-ups of detainee's body during medical exam, focusing on the presence/absence of injuries; staff injuries, if any, described but not shown.
6. Debriefing, including full discussion/analysis/assessment of incident."

See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4)(g)(2) thru (3) and (5) thru (6).

ODO found the facility did not have documentation demonstrating ICE/ERO approved the use of hobble restraints (**Deficiency UOF-4¹⁷**).

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action by obtaining an ICE/ERO approval memorandum dated August 12, 2020, for the use of the hobble restraints and provided a copy to ODO (**C-1**).

HEALTH SERVICES

MEDICAL CARE (MC)

ODO reviewed detainee medical files and found four out of 12 detainees did not receive tuberculosis screenings at the time of arrival to the facility (**Deficiency MC-1¹⁸**).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 17 standards under NDS 2000, one standard under NDS 2019, one standard under Federal Performance Based Detention Standards, and found the facility in compliance with 11 of those standards. ODO found 12 deficiencies in the remaining eight standards. ODO commends facility staff for their responsiveness during this inspection and notes there was one instance where staff initiated immediate corrective action during the inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2018 (NDS 2000)	FY 2020 (NDS 2000/NDS 2019 /FPBDS)
Standards Reviewed	15	19
Deficient Standards	6	8
Overall Number of Deficiencies	12	12
Repeat Deficiencies	0	2
Corrective Actions	5	1

¹⁷ “Deviations from the following list of restraint equipment are prohibited: ...

9. Any other INS-approved restraint device.” See ICE NDS 2000, Standard, Use of Force, Section (III)(C)(9).

¹⁸ “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). **This is a Repeat Deficiency.**