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Inspections and Detention Oversight Division
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Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Chicago Field Office
McHenry County Correctional Facility
Woodstock, IL

September 11-12, 2018

COMPLIANCE INSPECTION
for the
MCHENRY COUNTY CORRECTIONAL FACILITY
Woodstock, Illinois

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FACILITY OVERVIEW

The Office of Detention Oversight (ODO) conducted a compliance inspection of the McHenry County Correctional Facility (MCCF) in Woodstock, Illinois from September 11-12, 2018.¹ The MCCF opened in June 1992 and is owned by the County of McHenry and operated by the McHenry County Sheriff's Office. The Office of Enforcement and Removal Operations (ERO) began housing detainees at MCCF in 2005 with oversight conducted by the ERO Field Office Director (FOD) in Chicago, Illinois. The facility operates under the National Detention Standards (NDS) 2000.

ERO Deportation Officers (DO) and a Detention Services Manager (DSM) are assigned to the facility, but they are not located on-site. The DSM is assigned to the facility on a part-time basis. A facility administrator is responsible for oversight of daily facility operations and is supported by █ personnel. Aramark provides food services and Correct Care Solutions provides medical care. The MCCF Registered Nurse (RN) is the designated Health Services Administrator (HSA). The facility is accredited by the American Correctional Association, the National Commission on Correctional Health Care, and the Commission on Accreditation for Law Enforcement Agencies. The facility is not contractually obligated to comply with the ICE Performance-Based National Detention Standards 2011, Sexual Abuse and Assault Prevention and Intervention (SAAPI) standard but has made efforts to comply.²

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ³	250
Average ICE Detainee Population ⁴	269
Male Detainee Population (as of 9/11/2018)	203
Female Detainee Population (as of 9/11/2018)	35

This is ODO's fourth compliance inspection of MCCF. In May 2015, ODO conducted an inspection of MCCF under NDS 2000, reviewing the facility's compliance with 15 standards and finding the facility compliant with twelve of those standards. ODO found five deficiencies under the remaining three standards; Detainee Grievance Procedures (2), Use of Force (2), and Medical Care (1).

¹ This facility holds male and female detainees of all security classification levels for periods greater than 72 hours.

² MCCF has established a multidisciplinary team consisting of a PREA coordinator, administrative lieutenant, chief of operations, a nurse, and licensed clinical social worker.

³ Data Source: ERO Facility List Report as of September 10, 2018.

⁴ *Ibid.*

FINDINGS BY NDS 2000 MAJOR CATEGORIES

NDS 2000 STANDARDS INSPECTED ⁵	DEFICIENCIES
Part 1 – Detainee Services	
Access to Legal Material	0
Admission and Release	2
Detainee Classification System	0
Detainee Grievance Procedures	0
Detainee Handbook	0
Food Service	3
Funds and Personal Property	2
Staff-Detainee Communication	0
Telephone Access	0
Sub-Total	7
Part 2 – Security and Control	
Environmental Health and Safety	1
Special Management Unit (Administrative Segregation)	2
Special Management Unit (Disciplinary Segregation)	0
Use of Force	0
Sub-Total	3
Part 3 – Health Services	
Medical Care	2
Suicide Prevention and Intervention	0
Sub-Total	2
PBNDS 2011 Standard Inspected	
Sexual Abuse and Assault Prevention and Intervention	N/A
Sub-Total	0
Total Deficiencies	12

⁵ 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 ICE national detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being⁶. ODO identifies violations outlined in ICE detention standards, ICE policies, or operational procedures, as “deficiencies.” ODO also acknowledges instances where the facility resolves deficiencies prior to completion of ODO’s inspection -- these corrective actions are annotated with “C” under the 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 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’s findings inform ICE executive management in order to aid in the decision-making processes to better allocate resources across the agency’s entire detention inventory.

⁶ ODO reviews the facility’s compliance with selected standards in their entirety.

DETAINEE RELATIONS

ODO interviewed 21 randomly selected male and female detainees to assess the conditions of confinement. Interview participation was voluntary, and none of the detainees expressed allegations of abuse, discrimination, or mistreatment. Most of the detainees reported being satisfied with facility services except for the below concerns.

Medical Care: Two male detainees complained about medical issues:

Detainee complained about a previous dislocated hip that creates discomfort and causes lack of sleep.

- Action Taken: After reviewing the detainee's medical record, ODO confirmed the detainee is receiving routine treatment via the chronic care clinic. He was most recently seen on September 5, 2018, and his treatment plan included distribution of pain medication twice daily. The detainee was instructed to return to the clinic if his pain worsened. Given the detainee's concern he was added to the sick call list and was scheduled to be seen by medical staff on the afternoon of September 11, 2018.

The second detainee complained about discoloration of both legs.

- Action Taken: ODO confirmed the detainee submitted a sick call request on November 23, 2017, for a rash on his lower extremities. He was evaluated by the physician, diagnosed with a medical condition and prescribed various medications. ODO found no evidence the detainee submitted a sick call request for discoloration of both of his legs since the assessment on November 23, 2017. Following his complaint, facility staff informed the detainee to submit a medical request to be seen by the physician related to his concern.

Personal Hygiene: Most of the detainees complained about having to pay for replacement personal hygiene items.

- Action Taken: Detainees are required to use a kiosk system located in all dorms to obtain hygiene items. ODO examined a kiosk used for training purposes and spoke with a staff member about the detainees' concerns. The staff member explained that, per policy, detainees are not charged for replacement items; however, in some instances the kiosk system charges detainees when a wrong button is pressed. In these instances, the money is refunded to the detainee. ODO notes the kiosk software is partially in Spanish and partially in English, which may cause those who do not speak or comprehend English to select the incorrect buttons. The staff member stated that a new vendor will be installing different software on the kiosk in the "near future" and that he would ensure complete versions in English and Spanish are included.

Food Service: ODO received numerous complaints about food service including:

Nearly all detainees complained about the use of soy, small portions, lukewarm food, and lack of variety.

- Action Taken: ODO sampled the noontime meal and found the food to be palatable, and prepared according to Aramark's recipes, served at proper temperatures, and served in the quantities outlined on the printed menu. ODO confirmed the current menu uses soy as the main protein source. Staff indicated a new food service contract, along with a new, dietician-approved menu will be implemented on December 1, 2018. All soy will be removed from the menu and a greater variety of items will be provided.

One detainee stated he requested a kosher meal and was denied.

- Action Taken: One detainee practicing the Muslim faith stated that he had been denied kosher meals. ODO interviewed staff and found the chaplain met with the detainee after receiving his initial request and determined the common fare menu met his religious requirements. However, records indicate the detainee was not interested in receiving the common fare menu.

Environmental Health and Safety: During interviews, eight detainees complained that the shower area in Housing Unit 4-1 had mold in the shower stalls.

- Action Taken: ODO discussed the detainee's complaint with facility staff who indicated they were aware of mold in various shower stalls. Mold remediation is included in the facility's capital improvement plan; however, due to budgetary constraints the project was scheduled for next year.

Admission and Release: One detainee stated she was not provided privacy during the intake process when she disrobed to shower and change clothes.

- Action Taken: ODO reviewed and observed the intake process and determined detainees are provided privacy when disrobing and showering. Specifically, there are three private shower stalls. Detainees undress in the stall, shower, and exchange clothing over the top of the stall.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ADMISSION AND RELEASE (A&R)

In addition to the handbooks, the orientation process includes, the MCCF site-specific orientation video, and the Know Your Rights and Prison Rape Elimination Act (PREA) video. These videos are shown daily in each housing unit and recorded in the units' daily activity log. ODO viewed the site-specific video which provided a synopsis of the facility, its services, rules and the detainee responsibilities. However, ODO found the orientation procedures had not been approved by ERO (**Deficiency-A&R-17**).

- Corrective Action: Prior to completion of the inspection, ERO provided a memo approving the orientation process (**C-1**).

ODO reviewed facility release policies and procedures and found MCCF uses a comprehensive release checklist to ensure all steps are met. However, ODO found the release procedures had not been approved by ERO (**Deficiency-A&R-28**).

- Corrective Action: Prior to completion of the inspection, ERO provided a memo approving the release process (C-2).

FOOD SERVICE (FS)

ODO reviewed a certified 35-day cyclic menu providing 2,700 calories per day. ODO also noted that a satellite system is used for meal service. ODO observed staff ensuring the maintenance of proper temperatures after preparation, during storage, and prior to placement on the detainee trays—all menu items were within required temperature ranges. Staff supervised preparation and placement of the trays onto the transport cart; however, the transport carts do not have locking devices (**Deficiency FS-19**). The kitchen officer and worker deliver the carts to the control center for each housing unit. Security staff place the carts in the housing unit where the trays are issued to detainees by a detainee-worker under the supervision of the housing officer.

Documentation of sanitation inspections was available and completed according to the standard and pre-employment health screenings were available for all detainee and county inmate workers.

The pre-employment examination is recommended to ensure staff does not have a communicable disease; however, Aramark employees did not have pre-employment medical examinations (**Deficiency FS-210**).

⁷ “All facilities shall have a medium to provide INS detainees an orientation to the facility. In IGSA the INS office of jurisdiction shall approve all orientation procedures.” See ICE NDS 2000, Standard, Admissions and Release, Section (III)(J).

⁸ “Staff must complete certain procedures before any detainee’s release, removal, or transfer from facility. Necessary steps include completing and processing forms, closing files, fingerprinting; returning personal property; and reclaiming facility-issued clothing, bedding, etc. INS will approve the IGSA release procedures. See ICE NDS 2000, Standard, Admissions and Release, Section (III)(J). **Should be Section (III)(L). Error in standard.*

⁹ “Food will be delivered from one place to another in covered containers. These may be individual containers, such as pots with lids, or larger conveyances that can move objects in bulk, such as enclosed, satellite-feeding carts. Food carts must have locking devices.” See ICE NDS 2000, Standard, Food Service, Section (III)(C)(2)(g)).

¹⁰ “All food service personnel (both staff and detainee) shall receive a pre-employment medical examination. The purpose of this examination is to exclude those who have a communicable disease in any transmissible stage or condition.” See ICE NDS 2000, Standard, Food Service, Section (III)(H)(3)(a).

Restrooms were clean and contained hand soap dispensers and paper towels. However, signs requiring workers to wash their hands prior to returning to work were missing from the worker restroom (**Deficiency FS-3¹¹**).

- **Corrective Action:** Prior to completion of the inspection, facility staff posted handwashing signs above the sink in the kitchen worker restroom (**C-3**).

FUNDS AND PERSONAL PROPERTY (F&PP)

MCCF policy and release procedures ensure the return of property and funds. Upon release, all property items are compared to the inventory sheet that was signed by the detainee and staff. Further, policy covers lost property; however, as required by the NDS, it does not include promptly reimbursing the detainee, not arbitrarily imposing a ceiling on payments, and immediately notifying ICE (**Deficiency F&PP-1¹²**). Additionally, the policy does not address damaged property.

- **Corrective Action:** Prior to completion of the inspection, facility staff presented ODO with a draft policy correcting these issues and which was being routed for approval (**C-4**).

In reviewing the detainee handbook, ODO found it did not notify detainees that, upon request, an ICE-certified copy of any identification document in their A-file would be provided to them. Additionally, it did not address the rules for the storing of mailed property not allowed at MCCF (**Deficiency F&PP-2¹³**).

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

There are five general population housing units for male detainees and three units for female detainees, all with toilets and washbasins in each cell and numbered in accordance with the recognized standards of hygiene. ODO's inspection found five male and two female housing units do not meet the recognized standards of hygiene in accordance with the American Correctional Association (ACA) standard for the minimum shower to detainee ratio (**Deficiency EH&S-1¹⁴**). The capacity of the male units was as

¹¹ "Toilet facilities, including rooms and fixtures, shall be kept clean and in good repair. Signs shall be prominently displayed directing all personnel to wash hands after using the toilet." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(9)(a).

¹² "All CDFs and IGSA facilities will have and follow a policy for the loss of or damage to properly received detainee property, as follows: ...

5. The (sic) (*should read "senior contract officer" not in standard*) will promptly reimburse detainees for all validated property losses caused by facility negligence;

6. The (sic) (*should read "senior contract officer" not in standard*) will not arbitrarily impose a ceiling on the amount to be reimbursed for a validated claim; and

7. The senior contract officer will immediately notify the designated INS officer of all claims and outcomes."

See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(H).

¹³ "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 and 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."

See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(J).

¹⁴ "Environmental health conditions will be maintained at a level that meets recognized standards of hygiene. The standards include those from the American Correctional Association, The Occupational Safety and Health Administration, the Environmental Protection Agency, the Food and Drug Administration, the National Fire Protection Association's Life Safety Code, and the National Center for disease Control and Prevention." See ICE NDS 2000, Standard, Environmental

follows: Block 2, Section 3 had a capacity of 32 with only two showers; Block 4, Sections 1 and 2 and Block 5, Sections 1 and 2 each have a capacity of 64 detainees with only four showers per unit. The capacity of the female housing units Block 3, Sections 1 and 2 had a capacity of 32 with only two showers.

Additionally, ODO observed showers contained a buildup of mildew; peeling paint on the walls and ceiling, and the shower basins were littered with pieces of soap and shampoo packets. Facility staff informed ODO that the capital improvement plan for fiscal year 2019 provides for contractor repair and painting of the existing showers.

SPECIAL MANAGEMENT UNIT (ADMINISTRATIVE SEGREGATION) (SMU-AS)

ODO's review of AS records found that a detainee housed in AS at the time of inspection, was not granted showers three times per week (**Deficiency SMU AS-1¹⁵**). According to the SMU lieutenant, the detainee's showers were limited to every third day because the Correctional Emergency Response Team (CERT) had to be present during his showers due to security concerns and his refusal to return to his cell when permitted out of it. Additionally, the SMU lieutenant ordered the detainee's recreation suspended for these same reasons; however, there was no written documentation in the file reflecting the reason that it was determined the detainee posed an unreasonable risk, although detainee was alone during recreation (**Deficiency SMU AS-2¹⁶**).

- **Corrective Action:** Prior to completion of the inspection, the designee of the Officer-in-Charge documented the security hazards presented by the detainee thereby justifying limitations on showering and recreation (**C-5**).

HEALTH SERVICES

MEDICAL CARE (MC)

The primary method for testing detainees for tuberculosis (TB) at MCCF is the purified protein derivative (PPD) skin test with chest X-rays performed by Johnson Mobile X-ray for those with positive tests. ODO's review of 30 records found tuberculosis screening by PPD test or chest X-ray is not always completed at the time of arrival (**Deficiency MC-1¹⁷**). Three PPDs were not done at the time of intake, with delays of eight to ten days; one PPD was placed but never read; and one past positive PPD case did not have a follow-up chest X-ray at the time of arrival. Detainees with symptoms of TB are placed in a negative pressure cell in the processing area until X-ray results are received. There were

Health and Safety, Section (III)(R)(1).

¹⁵ "Each segregated detainee shall have the opportunity to shower and shave at least three times a week, unless these procedures would present an undue security hazard. This security hazard will be documented and signed by the OIC, indicating his/her review and approval. Denial of showers will be temporary and situational and will continue only as long as justified by the security threat." See ICE NDS 2000, Standard, Special Management Unit, Administrative Segregation, Section (III)(D)(6).

¹⁶ "Recreation shall be provided to detainees in administrative segregation in accordance with the "Recreation" standard. These provisions shall be carried out, absent compelling security or safety reasons documented by the OIC. A detainee's recreation privileges may be withheld temporarily after a severely disruptive incident. Staff shall document by memorandum and logbook(s) notation every instance when a detainee is denied recreation. The memorandum shall be placed in the detainee's detention file. See ICE NDS 2000, Standard, Special Management Unit, Administrative Segregation, Section (III)(D)(8).

¹⁷ "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).

no suspicious or active cases of TB during the inspection.

MCCF contracts with Diamond Pharmacy to process and deliver prescription medications to the facility. ■■■■■ locked medication carts containing labeled single-dose packs are used by nursing staff during pill call, three times per day in the housing units and SMU. A review of nine medication distribution records (MAR) found MARs were not always completed to account for medications provided or refused (**Deficiency MC-2¹⁸**). ODO found the MARs for seven detainees were incomplete for the months of August and September 2018, with many blank spaces which should have been documented with the nurses' initials when doses were given, or a letter code indicating the medication was not administered for refusal or other reason.

CONCLUSION

During this inspection, ODO assessed the facility's compliance with fifteen standards under NDS 2000 and found the facility in compliance with nine of those standards. ODO found 12 deficiencies in the remaining six standards. ODO commends facility staff for their responsiveness during this inspection and notes there were five instances where staff initiated immediate corrective action during the inspection.

ODO notes as an **Area of Concern** that facility and ERO staff members do not announce themselves upon entering the housing units of opposite gender detainees. Although the facility is not contractually obligated to comply with ICE's SA-API standard, 6 CFR Part 115, Standards to Prevent, Detect, and Respond to Sexual Abuse and Assault in Confinement Facilities (Final Rule dated March 7, 2014) requires officers of the opposite sex entering housing units to announce their presence. ODO inspectors addressed this issue with facility staff prior to the conclusion of 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 2015 (NDS 2000)	FY 2018 (NDS 2000)
Standards Reviewed	15	15
Deficient Standards	3	6
Overall Number of Deficiencies	5	12
Deficient Priority Components	N/A	N/A
Corrective Action	1	5

¹⁸ "Distribution of medication will be according to the specific instructions and procedures established by the health care provider. Officers will keep written records of all medication given to detainees." See ICE NDS 2000, Standard, Medical Care, Section (III)(I).