Office of Detention Oversight
Compliance Inspection

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

May 12–14, 2015
COMPLIANCE INSPECTION
for the
MCHENRY COUNTY CORRECTIONAL FACILITY
WOODSTOCK, ILLINOIS

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INSPECTION TEAM MEMBERS

Lead Inspections and Compliance Specialist      ODO
Inspections and Compliance Specialist           ODO
Inspections and Compliance Specialist           ODO
Contractor                                     Creative Corrections
Contractor                                     Creative Corrections
Contractor                                     Creative Corrections
Contractor                                     Creative Corrections
EXECUTIVE SUMMARY

The Office of Detention Oversight (ODO) conducted a compliance inspection of the McHenry County Correctional Facility (MCCF) in Woodstock, Illinois, from May 12 to 14, 2015.1 MCCF opened in 1992 and is owned by McHenry County and operated by McHenry County Sheriff’s Office. Enforcement and Removal Operations (ERO) began housing detainees at MCCF in 2005 pursuant to an Intergovernmental Service Agreement (IGSA), under the oversight of ERO’s Field Office Director (FOD) in Chicago, Illinois.

ERO staff members are not assigned to the facility, and a Detention Services Manager is assigned to the facility on a part-time basis. A Sheriff is responsible for oversight of daily facility operations and is supported by personnel. ARAMARK provides food services and Correct Care Solutions, of Nashville, Tennessee, provides medical services. The facility holds accreditations from 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 made efforts to comply.4

OVERALL FINDINGS

In February 2012, ODO conducted an inspection of MCCF under the National Detention Standards (NDS) 2000, reviewing the facility’s compliance with 17 standards and finding the facility compliant with 12 standards. There were a total of five deficiencies in the remaining five standards.

In FY2015, ODO evaluated MCCF’s compliance with the NDS 2000, reviewing the facility’s compliance with 15 standards and finding the facility compliant with 12 standards. ODO found five deficiencies in the remaining three standards. Finally, ODO identified one opportunity where the facility initiated corrective action during the course of the inspection.5

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1 Male and female detainees of security classification level I through III are detained at the facility for periods in excess of 72 hours.
3 Ibid.
4 MCCF has established a multidisciplinary team consisting of a PREA coordinator, administrative lieutenant, chief of operations, a nurse, and licensed clinical social worker.
5 Corrective actions, where immediately implemented, best practices and ODO recommendations, as applicable, have been identified in the Inspection Findings section and annotated with a “C”, “BP” or “R”, respectively.

Office of Detention Oversight
May 2015
OPR 201505370

McHenry County Correctional Facility
ERO Chicago
# FINDINGS BY NDS 2000 MAJOR CATEGORIES

<table>
<thead>
<tr>
<th>NDS 2000 STANDARDS INSPECTED*</th>
<th>DEFICIENCIES</th>
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<tbody>
<tr>
<td><strong>Part 1 – Detainee Services</strong></td>
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<td>1. - Access to Legal Material</td>
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<td>2. - Admission and Release</td>
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<td>4. - Detainee Classification System</td>
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<td>5. - Detainee Grievance Procedures</td>
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<td>6. - Detainee Handbook</td>
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<td>7. - Food Service</td>
<td>0</td>
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<td>8. - Funds and Personal Property</td>
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<td>15. - Staff-Detainee Communication</td>
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<td>16. - Telephone Access</td>
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<td><strong>Sub-Total</strong></td>
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<td><strong>Part 2 – Security and Control</strong></td>
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<td>7. - Environmental Health and Safety</td>
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<td>13. - Special Management Unit (Administrative)</td>
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<td>14. - Special Management Unit (Disciplinary)</td>
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<td>17. - Use of Force</td>
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<td><strong>Sub-Total</strong></td>
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<td><strong>Part 3 – Health Services</strong></td>
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<td>2. - Medical Care</td>
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<td>3. - Suicide Prevention and Intervention</td>
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<td><strong>Total Deficiencies</strong></td>
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*For greater detail on ODO’s findings, see the *Inspection Findings* section of this report.*

Office of Detention Oversight
McHenry County Correctional Facility
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INSPECTION PROCESS

Every fiscal year, the Office of Detention Oversight (ODO), a unit within U.S. Immigration and Customs Enforcement’s (ICE) Office of Professional Responsibility (OPR), conducts compliance inspections at detention facilities in which detainees are accommodated for periods in excess of 72 hours and with an average daily population greater than ten to determine compliance with the applicable ICE National Detention Standards (NDS) 2000, the Performance-Based National Detention Standards (PBNDS) 2008 or 2011.

During the compliance inspection, ODO reviews each facility’s compliance with those detention standards that directly affect detainee health, safety, and/or well-being. Any violation of written policy specifically linked to ICE detention standards, other policies, or operational procedures that ODO identifies is noted as a deficiency. ODO will highlight any deficiencies found involving those standards that ICE has designated with either the PBNDS 2008 or 2011 to be “priority components.” ICE considers those components to be of critical importance, given their impact on facility security and/or the health and safety, legal rights, and quality of life of detainees in ICE custody.

Immediately following an inspection, ODO hosts a closeout briefing in person with both facility and ERO field office management to discuss their preliminary findings, which are summarized and provided to ERO in a preliminary findings report. Thereafter, ODO provides ERO with a final compliance inspection report to: (i) assist ERO in working with the facility to develop a corrective action plan to resolve identified deficiencies; and (ii) provide senior ICE and ERO leadership with an independent assessment of the overall state of ICE detention facilities. The reports enable senior agency leadership to make decisions on the most appropriate actions for individual detention facilities nationwide.

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7 ODO reviews the facility’s compliance with selected standards in their entirety.
8 Priority components have not been identified for the NDS 2000.
DETAINEE RELATIONS

ODO interviewed 17 detainees, who volunteered to participate. None of the detainees made allegations of mistreatment, abuse, or discrimination. The majority of detainees reported being satisfied with facility services, with the exception of the complaints below:

- **Access to Legal Material:** One detainee alleged he submitted a detainee/inmate request form for additional legal research material two weeks prior to the inspection and had not received a response.
  
  o A review of the detainee’s detention file revealed there was no detainee/inmate request form noted in the file, nor received by on-site ICE officials. ERO personnel were notified about the issue, and the detainee was advised to submit a detainee/inmate request.

- **Medical Care:** Two detainees alleged they had issues with medical care. One detainee complained about tooth pain after seeing the dentist and stated medical was not providing medication. One detainee alleged he was diabetic and experiencing tooth pain.
  
  o **Action Taken:** ODO consulted with medical staff about the aforementioned allegations.

  Medical services notified ODO, the detainee with allegations of tooth pain has not submitted any sick call requests since returning from the dentist. The detainee was referred to medical services for further review.

  Medical services notified ODO, the detainee with allegations of not receiving adequate medical care, had four dental visits, and there have been no further dental requests regarding tooth pain. The detainee is seen on a monthly basis by the medical staff for diabetic reasons and has made no mention of experiencing any tooth pain. The detainee was referred to medical services for further review.

- **Food Service:** Five detainees alleged they are served small portions, the food is undercooked and rocks and plastic were found in the food. One detainee alleged he did not receive his diabetic meal.
  
  o **Action Taken:** ODO observed the serving of the lunch meal and determined that meals are served at appropriate temperature. The portions served are in accordance with the menu. There was no prior record of debris in the meals served. The detainee with the diabetic meal allegation was served a diabetic meal during the inspection.
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DETAINEE SERVICES

DETAINEE GRIEVANCE PROCEDURES (DGP)

ODO reviewed the grievance procedure and interviewed the grievance coordinator and determined the facility does not have a grievance committee (Deficiency DGP-19).

ODO reviewed 25 detention files and interviewed the grievance coordinator. ODO determined that grievances are not maintained in the detainee’s detention file for at least three years (Deficiency DGP-210).

SECURITY AND CONTROL

USE OF FORCE (UOF)

ODO reviewed documentation for three calculated use-of-force incidents, which revealed the use-of-force-team technique prescribed by the standard was not properly followed. Although multiple staff responded, they did not don protective gear, a supervisor was not on the scene, and a medical professional was not present (Deficiency UOF-111).

During an interview of the special operations commander concerning the three calculated use-of-force incidents, he stated the facility’s fixed closed circuit television cameras have pan, tilt and zoom capabilities for video recording purposes. ODO notes these cameras have limited range and there is no audio; further, they did not capture events, which transpired within the cells of the detainees involved in the three calculated use-of-force incidents. In addition, the use-of-force team did not video record any of the three incidents (Deficiency UOF-212).

9 “The OIC must allow the detainee to submit a formal, written grievance to the facility’s grievance committee.” See ICE NDS 2000, Standard, Detainee Grievance Procedure, Section (III)(A)(2).
10 “A copy of the grievance will remain in the detainee’s detention file for at least three years.” See ICE NDS 2000, Standard, Detainee Grievance Procedure, Section (III)(E).
11 “When a detainee must be forcibly moved and/or restrained during a calculated use of force, the use-of-force team technique shall apply. The team technique usually involves five or more trained staff members clothed in protective gear, including helmet with face shield, jumpsuit, flack-vest or knife-resistant vest, gloves, and forearm protectors. Team members enter the detainee’s area together, with coordinated responsibility for achieving immediate control of the detainee. The supervisor on duty must be on the scene before any calculated use of force. He/she shall direct the operation, continuously monitoring staff compliance with policy and procedure. The supervisor shall not participate except to prevent impending staff injury. Whenever possible, a health services professional shall be present to observe and immediately treat any injuries.” See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4)(a)and (d).
HEALTH SERVICES

MEDICAL CARE (MC)

An interview with medical staff revealed the facility does not have an on-site dentist. ODO reviewed 20 medical records, which revealed registered nurses perform the initial health appraisal which includes hands-on physical examination and dental screening (Deficiency MC-113).

13 “An initial dental screening should be performed within 14 days of the detainee's arrival. If no dentist is available, the initial dental screening may be performed by a physician, physician assistant or nurse practitioner.” See ICE NDS 2000, Standard, Medical Care, Section (III)(E).