



**U.S. Department of Homeland Security**  
Immigration and Customs Enforcement  
Office of Professional Responsibility  
Inspections and Detention Oversight Division  
Washington, DC 20536-5501

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## Office of Detention Oversight Compliance Inspection

Enforcement and Removal Operations  
ERO Chicago Field Office  
Pulaski County Detention Center  
Ullin, Illinois

June 4-6, 2019


**COMPLIANCE INSPECTION  
of the  
PULASKI COUNTY DETENTION CENTER  
Ullin, Illinois**

**TABLE OF CONTENTS**

<b>FACILITY OVERVIEW</b> .....	1
<b>FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 MAJOR CATEGORIES</b> .....	2
<b>COMPLIANCE INSPECTION PROCESS</b> .....	3
<b>DETAINEE RELATIONS</b> .....	4
<b>COMPLIANCE INSPECTION FINDINGS</b> .....	5
<b>SAFETY</b> .....	5
Environmental Health and Safety.....	5
<b>SECURITY</b> .....	5
Admission and Release .....	5
Custody Classification System .....	6
Funds and Personal Property .....	6
Special Management Units .....	7
Use of Force and Restraints .....	7
<b>CARE</b> .....	11
Disability Identification, Assessment, and Accommodation.....	11
Food Service .....	12
Medical Care .....	12
<b>CONCLUSION</b> .....	14

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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 Pulaski County Detention Center (PCDC) in Ullin, Illinois, from June 4-6, 2019.<sup>1</sup> PCDC opened in 1997 and is owned and operated by Pulaski County, Illinois. ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at PCDC in 1997, pursuant to an Intergovernmental Service Agreement (IGSA), under the oversight of ERO's Field Office Director (FOD) in Chicago, Illinois.

ERO has not assigned staff, including a Detention Services Manager (DSM), to the facility full-time. The Warden oversees daily facility operations and is supported by [REDACTED] personnel. PCDC provides food services and Stellar Services provides commissary products. Advanced Correctional Healthcare, Inc. provides medical services at PCDC. The facility has been accredited by the National Commission on Correctional Health Care (NCCHC) since 2016, with the next NCCHC accreditation inspection scheduled for September 13-15, 2019.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	222
Average ICE Detainee Population <sup>3</sup>	181
Male Detainee Population (as of 06/04/2019)	139
Female Detainee Population (as of 06/04/2019)	14

This ODO's fourth inspection of the PCDC. In Fiscal Year (FY) 2016, ODO conducted a compliance inspection of PCDC under the Performance-Based National Detention Standards (PBNDS) 2011. During that inspection, ODO reviewed the facility's compliance with 16 standards and found the facility compliant with 12 standards. ODO found 23 deficiencies in the remaining four standards, 13 of which were priority components and two of which were repeat deficiencies.<sup>4</sup>

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<sup>1</sup> This facility holds male and female detainees of low, medium, and high security classification levels for periods greater than 72 hours.

<sup>2</sup> Data Source: ERO Facility List dated May 13, 2019.

<sup>3</sup> *Ibid.*

<sup>4</sup> ODO identified two repeat deficiencies from the June 2012 inspection in the Medical Care standard.

## FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 MAJOR CATEGORIES

PBNDS 2011 STANDARDS INSPECTED <sup>5</sup>	DEFICIENCIES
<b>Part 1 – Safety</b>	
Environmental Health and Safety	3
<b>Sub-Total</b>	<b>3</b>
<b>Part 2 – Security</b>	
Admission and Release	3
Custody Classification System	4
Funds and Personal Property	1
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	1
Staff-Detainee Communication	0
Use of Force and Restraints	10
<b>Sub-Total</b>	<b>19</b>
<b>Part 4 – Care</b>	
Disability Identification, Assessment, and Accommodation	4
Food Service	3
Medical Care	3
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>10</b>
<b>Part 5 – Activities</b>	
Recreation	0
Religious Practices	0
Telephone Access	0
Visitation	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 – Justice</b>	
Grievance System	0
Law Libraries and Legal Material	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>32</b>

<sup>5</sup> 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-being.<sup>6</sup> ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.”

For facilities governed by either the PBNDS 2008 or 2011, ODO specifically notes deficiencies related to ICE-designated “priority components,” which are considered critical to facility security and the legal and civil rights of detainees. ODO also 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. Additionally, ODO’s findings inform ICE executive management in their decision-making to better allocate resources across the agency’s entire detention inventory.

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<sup>6</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## DETAINEE RELATIONS

ODO interviewed 25 detainees who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

*Medical Care:* One detainee stated that upon admission to the facility, his prosthetic leg was confiscated, and he was given a wheelchair.

- Action Taken: ODO spoke with facility, medical, and ERO staff and learned that the detainee was medically screened during his intake on June 3, 2019, when medical staff learned he had had a below-the-knee left leg amputation and used a prosthesis. Intake officers inspected the prosthesis and decided to confiscate it after determining it was a security risk due to having protruding metal fasteners. Medical staff issued the detainee a wheelchair as an accommodation and housed him in an observation room in the health services area until a physician could evaluate him later that same day. The physician who evaluated the detainee cleared him for regular housing with the wheelchair. Medical staff also provided a special needs form to security staff authorizing the detainee to have the wheelchair.

*Medical Care:* Two detainees complained they were suffering from chronic conditions and needed medical care.

- Action Taken: (1<sup>st</sup> Detainee) ODO informed facility, supervisory, medical, and ERO personnel of the detainee's concerns. Medical staff informed ODO that the detainee arrived at PCDC on May 22, 2019, with a history of end-stage renal disease requiring three dialysis treatments a week. The physician saw the detainee twice in the time between his admission and ODO's inspection and medical staff stated the detainee was also under the care of a nephrologist (kidney specialist) at an offsite dialysis clinic where he received treatment. ODO confirmed the detainee received all dialysis treatments, as scheduled.
- Action Taken: (2<sup>nd</sup> Detainee) ODO informed facility, supervisory, medical, and ERO personnel of the detainee's concerns. Medical staff informed ODO the detainee arrived on February 5, 2019, with a history of end-stage renal disease requiring dialysis three times a week. He was seen by the physician three times between the date of his admission and ODO's inspection and was also under the care of a nephrologist at an offsite dialysis clinic. ODO confirmed the detainee received all dialysis treatments, as scheduled.

*Medical Care:* One detainee complained he was not getting proper medical treatment.

- Action Taken: ODO spoke with facility, medical, and ERO staff and learned that the detainee arrived at PCDC June 3, 2019, with a history of HIV infection and diabetes type II. The physician who evaluated him on the day of his arrival continued his medications and ordered several laboratory tests. Medical staff indicated the detainee's physical examination and initial chronic care clinic would be scheduled upon receipt of the laboratory test results. An estimated timeframe for receipt of the results was unknown at the time of the inspection.

# COMPLIANCE INSPECTION FINDINGS

## SAFETY

### ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO observed the sanitation levels throughout the facility were acceptable with exceptions noted in the housing units, booking area, and health services areas. Housing units had peeling paint on the walls with paint chips lying on the floor, especially in the restroom areas, around the cell doors, and in the stairwells. The booking area had soap buildup on the shower room walls, debris on the floors of the holding cells, and dirty toilets and sinks. The walls at the entrance to the health services area had peeling paint (**Deficiency EH&S-1<sup>7</sup>**).

ODO observed the detainee exam room in the health services department had an excessively worn carpet, which cannot be mopped and sanitized using a hospital grade disinfectant (**Deficiency EH&S-2<sup>8</sup>**). In order to keep floors sanitary and prevent nosocomial infections due to contaminated environmental surfaces, ODO recommends PCDC install non-porous flooring, which can be cleaned and sanitized daily by mopping with a hospital grade disinfectant-detergent solution, as required by the standard.

ODO found that weekly fire/safety inspections are conducted in all areas of the facility by the Safety Manager and inspection reports are maintained in the safety department; however, copies of the weekly inspections are not forwarded to the facility administrator for review and, if necessary, corrective action determinations (**Deficiency EH&S-3<sup>9</sup>**).

## SECURITY

### ADMISSION AND RELEASE (A&R)

Although PCDC's orientation and release procedures are compliant with the ICE PBNDS 2011, ERO did not approve either the orientation procedures (**Deficiency AR-1<sup>10</sup>**) or release procedures (**Deficiency AR-2<sup>11</sup>**).

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<sup>7</sup> "The facility administrator shall ensure that staff and detainees maintain a high standard of facility sanitation and general cleanliness." See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(A)(3).

<sup>8</sup> "Floors shall be mopped daily and when soiled using the double bucket mopping technique. The cleaning solution shall be a hospital disinfectant-detergent solution mixed according to the manufacturer's directions. A clean mop head shall be used each time the floors are mopped." See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(D)(6)(a)(1)(d).

<sup>9</sup> "Written reports of the inspections shall be forwarded to the facility administrator for review and, if necessary, corrective action determinations." See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(C)(2)(c).

<sup>10</sup> "Orientation procedures in CDFs [Contract Detention Facilities] and IGSA's must be approved in advance by the local ICE/ERO Field Office." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(F).

<sup>11</sup> "ICE/ERO shall approve all facility release procedures." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(H).

*Corrective Action:* Prior to the completion of the inspection, the ERO Chicago Field Office issued an email approving the policy used by PCDC staff for admission and release (**C-1**).

Facility training files did not document that intake staff completed training in admissions processing (**Deficiency AR-3<sup>12</sup>**).

## **CUSTODY CLASSIFICATION SYSTEM (CCS)**

Although the facility's classification policy meets the requirements of the standard, the facility's custody classification instrument has not been approved by the local ERO office (**Deficiency CCS-1<sup>13</sup>**).

*Corrective Action:* Prior to completion of the inspection, the ERO Chicago Field Office issued an email approving the policy used by PCDC staff for classification procedures (**C-2**).

Of the 25 detainee detention files reviewed, ODO found four detainees required and received reclassifications; however, one of the four reclassifications was completed more than 60-90 days after the date of the initial classification (**Deficiency CCS-2<sup>14</sup>**).

ODO found the detainee handbook contains neither a description of the classification levels with the conditions and restrictions applicable to each nor the classification appeal procedures (**Deficiency CCS-3<sup>15</sup>**).

ODO found the facility has no classification training for staff and that staff have not received formal training on the custody classification process (**Deficiency CCS-4<sup>16</sup>**).

## **FUNDS AND PERSONAL PROPERTY (F&PP)**

ODO inspected the detainee housing units and found that while detainees are provided either a property storage tray beneath their bunk or a storage bin, the trays and bins are not securable.

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<sup>12</sup> "Staff members shall be provided with adequate training on the admissions process at the facility." *See* ICE PBNDS 2011, Standard, Admission and Release, Section (V)(B)(1).

<sup>13</sup> "Each facility shall develop and implement a system for classifying detainees in accordance with this Detention Standard. Facilities may rely on the ICE Custody Classification Worksheet, or a similar locally established system, subject to ICE/ERO evaluation and approval, as long as the classification criteria are objective and uniformly applied, and all procedures meet ICE/ERO requirements." *See* ICE PBNDS 2011, Standard, Custody Classification System, Section (V)(A).

<sup>14</sup> "The first reclassification assessment shall be completed 60 to 90 days after the date of the initial classification." *See* ICE PBNDS 2011, Standard, Custody Classification System, Section (V)(H)(1).

<sup>15</sup> "The *ICE Detainee Handbook* standard section on classification shall include:

- An explanation of the classification levels, with the conditions and restrictions applicable to each.
- The procedures by which a detainee may appeal his or her classification."

*See* ICE PBNDS 2011, Standard, Custody Classification System, Section (V)(K).

<sup>16</sup> "All facility staff assigned to classification duties shall be adequately trained in the facility's classification process." *See* ICE PBNDS 2011, Standard, Custody Classification System, Section (V)(A)(2).

(Deficiency F&PP-1<sup>17</sup>).

## SPECIAL MANAGEMENT UNITS (SMU)

ODO interviewed PCDC's training coordinator and learned staff assigned to SMU do not receive site-specific training in identifying signs of mental health decompensation, techniques for more appropriate interactions with mentally ill offenders, the impact of isolation, or de-escalation techniques (Deficiency SMU-1<sup>18</sup>).

ODO notes as an **Area of Concern** that PCDC's SMU documentation lacks the detainee's date of admission, type of infraction, and the tentative and actual release dates. Without that information, ODO was unable to determine the number of detainees previously housed in SMU, their length of stay, and the reason for their placement in the SMU.

## USE OF FORCE AND RESTRAINTS (UOF&R)

Although the standards only sanction the use of [REDACTED], PCDC's Use of Force (UOF) policy lists [REDACTED] authorized for use: [REDACTED] (Deficiency UOF&R-1<sup>19</sup>). ODO notes no [REDACTED] was observed in the [REDACTED] area and [REDACTED] was not listed on any inventory.

ODO learned the facility had nine UOF incidents involving detainees during the year preceding the inspection and each was classified as an immediate UOF. Three of the nine resulted in extended restraint applications: [REDACTED]. Although PCDC policy allows for the use of a [REDACTED], the facility had no documentation showing the local ERO office approved its use for detainees (Deficiency UOF&R-2<sup>20</sup>).

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<sup>17</sup> "Every housing area shall have lockers or other securable space for storing detainees' authorized personal property." See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(E).

<sup>18</sup> "Security staff assigned to SMU shall receive specialized training in relevant topics, such as:

1. Identifying signs of mental health decompensation;
2. Techniques for more appropriate interactions with mentally ill detainees;
3. The impact of isolation; and
4. De-escalation techniques."

See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(O).

<sup>19</sup> "The following devices are not authorized:

- a. [REDACTED];
- b. [REDACTED]."

See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(G)(5)(b). **This is a Priority Component.**

<sup>20</sup>

Deviations from this list of restraint equipment are strictly prohibited."

See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(L). **This is a Priority Component.**

ODO found that while PCDC's After-Action Review (AAR) procedures are modeled after ERO's process, the AAR process was not approved by the local ERO office (**Deficiency UOF&R-3<sup>21</sup>**).

*Corrective Action:* Prior to completion of the inspection, the ERO Chicago Field Office documented review and approval of the AAR committee's process via an email dated June 7, 2019 (**C-3**).

ODO notes as an **Area of Concern** that although PCDC policy states the AAR committee will include the Warden, Health Services Administrator (HSA), Training Coordinator, Chief of Security (COS), and the ERO FOD's designee, all nine of the incidents reviewed by ODO lacked documentation showing participation by the FOD's designee.

During review of the nine UOF files, which included review of video footage, ODO found facility staff did not always attempt to gain a detainee's willing cooperation before using force (**Deficiency UOF&R-4<sup>22</sup>**), and did not always use the amount of force necessary and reasonable to gain control of a detainee (**Deficiency UOF&R-5<sup>23</sup>**).

In one instance, a detainee inside a secure shower stall refused officer orders to take a shower. Video footage of the incident shows officers did not engage in any form of confrontation avoidance and instead administered [REDACTED] even though the detainee was not an immediate threat to himself or others and was not causing serious property damage. The [REDACTED] [REDACTED] without approval from the Facility Administrator and without consulting medical staff (**Deficiency UOF&R-6<sup>24</sup>**).

[REDACTED]

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<sup>21</sup> "All facilities shall model their incident review process after ICE/ERO's process and submit it to ICE/ERO for ERO review and approval. The process must meet or exceed the requirements of ICE/ERO's process." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(P)(1). **This is a Priority Component.**

<sup>22</sup> "Staff shall attempt to gain a detainee's willing cooperation before using force." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(B)(3). **This is a Priority Component.**

<sup>23</sup> "Staff shall use only that amount of force necessary and reasonable to gain control of a detainee." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(B)(4). **This is a Priority Component.**

<sup>24</sup>

[REDACTED]

Staff shall consult medical staff as practicable, before using [REDACTED] [REDACTED] unless escalating tension makes such action unavoidable. When possible, medical staff shall review the detainee's medical file for a disease or condition that an intermediate force weapon could seriously exacerbate, including, but not limited to, asthma, emphysema, bronchitis, tuberculosis, obstructive pulmonary disease, angina pectoris, cardiac myopathy or congestive heart failure."

See ICE PBNDS 2011 Standard, Use of Force and Restraints, Section (V)(G)(3). **This is a Priority Component.**

<sup>25</sup> "If a detainee is in a location where there is no immediate threat to the detainee or others (for example, a locked cell or range), staff shall take the time to assess the possibility of resolving the situation without resorting to force.

A calculated use of force needs to be authorized in advance by the facility administrator (or designee).

Medical staff shall review the detainee's medical file for a disease or condition that an intermediate force weapon could seriously exacerbate, including, but not limited to, asthma, emphysema, bronchitis, tuberculosis, obstructive pulmonary disease, angina pectoris, cardiac myopathy, or congestive heart failure.

[REDACTED]

In a second instance, video footage showed a fully restrained detainee sitting on the bed in her cell, not exhibiting signs of being a danger to herself or others, aside from disobeying an officer's order to cease spitting on the floor [REDACTED]

[REDACTED] (see **Deficiencies UOF&R-4, -5, -6, and -7**). ODO also notes as an **Area of Concern** that although video footage of this incident shows the COS was actively involved in the incident, including directing an officer to [REDACTED], incident reports did not include the COS among the staff involved. Of additional concern, AAR documentation shows the COS was a member of the AAR committee that reviewed the incident. COS participation is problematic because the purpose of the committee is to perform an objective review of the incident to determine appropriateness of actions taken; in this case, the COS was the individual who ordered the action.

In a third instance, ODO found a detainee was restrained [REDACTED] but neither the [REDACTED] were authorized by the local ERO Field Office (see **Deficiency UOF&R-2**).

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Calculated use of force is feasible and preferred to immediate use of force in most cases and is appropriate when the detainee is in a location where the detainee poses no immediate threat of harm, even if the detainee is verbalizing threats or brandishing a weapon, provided staff sees no immediate danger of the detainee's causing harm to himself or others. Calculated use of force affords staff time to strategize and resolve situations in the least confrontational manner and assist to de-escalate the situation."

See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(I).

<sup>26</sup> "While ICE/ERO requires that all use-of-force incidents be documented and forwarded to ICE/ERO for review, for calculated use of force, it is required that the entire incident be audio visually recorded. The facility administrator or designee is responsible for ensuring that use of force incidents are audio visually recorded. Staff shall be trained in the operation of audiovisual recording equipment. There shall be a sufficient number of cameras appropriately located and maintained in the facility. The audiovisual record and accompanying documentation shall be included in the investigation package for the after-action review described below.

Calculated use-of-force incidents shall be audio visually-recorded in the following order:

- a. Introduction by team leader stating facility name, location, time, date, etc., describing the incident that led to the calculated use of force, and naming the audiovisual camera operator and other staff present.
- b. Faces of all team members shall briefly appear [REDACTED] one at a time, identified by name and title.
- c. Team Leader offers the detainee a last chance to cooperate before team action, outlines the use-of-force procedures, engages in confrontation avoidance and issues use-of-force order.
- d. Record entire use-of-force team operation, unedited, until the detainee is in restraints.
- e. Take close-ups of the detainee's body during a medical exam, focusing on the presence/absence of injuries. Staff injuries, if any, are to be described but not shown.
- f. Debrief the incident with a full discussion/analysis/assessment of the incident."

See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(I)(2).

ODO found that in five of the nine UOF incidents, the AAR committee did not determine whether improvised action was warranted and, if it was, whether the action taken was reasonable and appropriate under the circumstances (**Deficiency UOF&R-9<sup>27</sup>**).

ODO found that in both policy and practice, PCDC restrains detainees in both administrative and disciplinary segregation with [REDACTED] any time they are removed from their cell (**Deficiency UOF&R-10<sup>28</sup>**).

## **CARE**

### **DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIA&A)**

PCDC has not developed specific written policies or procedures for the Disability Identification, Assessment, and Accommodation standard (**Deficiency DIA&A-1<sup>29</sup>**).

The facility has not designated a Disability Compliance Manager to assist facility personnel in ensuring compliance with this standard and all applicable federal, state, and local laws related to accommodation of detainees with disabilities (**Deficiency DIA & A-2<sup>30</sup>**).

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<sup>27</sup> “The after-action review team shall also review the audiovisual recording of any use-of-force incidents for compliance with all provisions of this standard, with particular attention paid to: ...

- d. ensuring that unauthorized items, equipment or devices (e.g., towels, tape, surgical masks, hosiery) were not used;
- e. whether team members applied only as much force as necessary to subdue the detainee, including whether team members responded appropriately to a subdued or cooperative detainee or a detainee who discontinued his/her violent behavior; ...
- i. the amount of time needed to restrain the detainee. Any non-resisting detainee restrained for longer than necessary could indicate training problems/inadequacies; ...
- k. whether there was continuous audiovisual coverage from the time the camera started recording until the incident concluded. The review team shall investigate any breaks or sequences missing from the audiovisual record; ...
- m. whether use of [REDACTED] was appropriate and in accordance with written procedures; ...
- o. if the incident review reveals a violation of ICE/ERO policy or procedures, the after-action review team shall then determine whether the situation called for improvised action and, if so, whether the action taken was reasonable and appropriate under the circumstances.

The after-action review team shall complete and submit its after-action review report to the facility administrator within two workdays of the detainee’s release from restraints. The facility administrator shall review and sign the report, acknowledging its finding that the use of force was appropriate or inappropriate.”

See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(P)(4)(d)(e)(i)(k)(m) and (o).

<sup>28</sup> “Absent one or more of the factors listed above, placement in an SMU does not constitute a valid basis for the use of restraints while in the SMU or during movement around the facility.” See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(B)(6).

<sup>29</sup> “The facility shall develop written policy and procedures, including reasonable timelines, for reviewing detainees’ requests for accommodations related to a disability and for providing accommodations (including interim accommodations), modifications, and reassessments. These policies and procedures shall be consistent with the processes outlined in this standard.” See ICE PBNDS 2011, Standard, Disability Identification, Assessment, and Accommodation, Section (V)(B)(1).

<sup>30</sup> “The facility shall designate a Disability Compliance Manager to assist facility personnel in ensuring compliance with this standard and all applicable federal, state, and local laws related to accommodation of detainees with

The facility orientation program does not notify and inform detainees about the facility's disability accommodations policy, including their right to request a reasonable accommodation and how to make such a request (**Deficiency DIA&A-3<sup>31</sup>**). The facility has not posted any documents for detainee awareness in detainee living areas or in the medical unit, as requested by the local ERO Field Office.

ODO reviewed training records and curriculum and found the facility's disability and reasonable accommodations procedures are not provided to employees, volunteers, or contract personnel, and are not included in annual refresher training (**Deficiency DIA&A-4<sup>32</sup>**).

## **FOOD SERVICE (FS)**

ODO found that although PCDC offers a 14-day cycle common fare menu for detainees approved for a religious diet, the facility does not use separate cutting boards, knives, food scoops, food inserts and other such tools, appliances, and utensils identified exclusively for common fare preparation (**Deficiency FS-1<sup>33</sup>**).

ODO found that while weekly food service inspections are conducted by the Food Service Administrator, copies are not forwarded to the facility administrator for review, corrective action verification, and signatures (**Deficiency FS-2<sup>34</sup>**).

ODO found the final rinse temperature in the automatic dish washer did not reach the minimum

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disabilities. The Disability Compliance Manager may be the Health Services Administrator, a member of the medical staff, or anyone with relevant knowledge, education, and/or experience." See ICE PBNDS 2011, Standard, Disability Identification, Assessment, and Accommodation, Section (V)(B)(2).

<sup>31</sup> "The facility orientation program required by standard 2.1, "Admission and Release," and the detainee handbook required by standard 6.1, "Detainee Handbook," shall notify and inform detainees about the facility's disability accommodations policy, including their right to request reasonable accommodations and how to make such a request. The facility will post other documents for detainee awareness in detainee living areas and in the medical unit, as requested by the local ICE/ERO Field Office." See ICE PBNDS 2011, Standard, Disability Identification, Assessment, and Accommodation, Section (V)(J).

<sup>32</sup> "Training on the facility's Disability and Reasonable Accommodations procedures shall be provided to employees, volunteers, and contract personnel, and shall also be included in annual refresher training thereafter. New facility staff, including contractors and volunteers, shall receive this training as part of the Initial Orientation training required by Standard 7.3. The level and type of training for volunteers and contractors will be based on the services they provide and their level of contact with detainees; however, all volunteers and contractors who have any contact with detainees must be notified of the facility's disability accommodations policy. 'Appendix 4.8.A: Resources' following this standard lists resources available from the U.S. Department of Justice and organizations that may be useful in developing a training program, and/or for direct use in training." See ICE PBNDS 2011, Standard, Disability Identification, Assessment, and Accommodation, Section (V)(I).

<sup>33</sup> "Separate cutting boards, knives, food scoops, food inserts and other such tools, appliances and utensils shall be used to prepare common fare foods, and shall be identified accordingly." See ICE PBNDS 2011, Standard, Food Service, Section (V)(G)(10).

<sup>34</sup> "Personnel inspecting the food service department shall note any recommended corrective actions in a written report to the facility administrator. The facility administrator shall establish the date by which identified problems shall be corrected." See ICE PBNDS 2011, Standard, Food Service, Section (V)(J)(13).

temperature of 180 degrees Fahrenheit (F) (**Deficiency FS-3<sup>35</sup>**).

*Corrective Action:* Prior to completion of the inspection, maintenance staff discovered a detainee operator inadvertently left the drain valve open, which caused the heated water to escape. Maintenance staff closed the valve and the temperature quickly rose to over 180 degrees F (**C-4**).

## **MEDICAL CARE (MC)**

Although PCDC policy designates the HSA as the responsible health authority (RHA) and addresses medical autonomy, the policy does not identify or delineate responsibilities of a Clinical Medical Authority (CMA) (**Deficiency MC-1<sup>36</sup>**).

*Corrective Action:* Prior to completion of the inspection, medical staff revised the policy to include designating the physician as the CMA and defining clinical care oversight responsibilities (**C-5**).

ODO notes as an **Area of Concern** that PCDC policy gives the Sheriff authority to override a medical practitioner's order if the Sheriff considers it necessary for security purposes. The policy specifically states that medical staff should work to provide offsite care to a patient when necessary "with the understanding this can be overruled by the Sheriff." This language conflicts with the PBNDS 2011 MC standard, which states, "in no event shall clinical decisions be made by non-clinicians," as well as with the NCCHC standard on "Medical Autonomy." Although the HSA stated she has never experienced a situation in which the Sheriff overrode a medical order, ODO recommends PCDC define the parameters of authority for both medical staff and the Sheriff.

During review of 25 medical records, ODO reviewed the records of two detainees with end-stage renal disease requiring dialysis. Neither record contained documentation that PCDC notified the ERO Chicago FOD of these detainees or their illnesses (**Deficiency MC-2<sup>37</sup>**).

ODO notes as a **Best Practice** that in response to the current measles and mumps national outbreak, as defined by CDC, the facility offers detainees the Measles, Mumps, and Rubella vaccination if they have not been previously vaccinated and obtains a signed consent form from

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<sup>35</sup> "The following temperatures must be maintained for hot-water sanitizing: a) Single-tank, stationary rack, dual temperature machine: wash temperature of 150 F degrees; final rinse, 180 F degrees." See ICE PBNDS 2011, Standard, Food Service, Section (V)(J)(7)(g)(3).

<sup>36</sup> "The designated clinical medical authority (CMA) at the facility shall have overall responsibility for medical clinical care pursuant to a written agreement, contract or job description." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(B).

<sup>37</sup> "The facility administrator and clinical medical authority shall ensure that the Field Office Director is notified as soon as practicable of any detainee housed at the facility who is determined to have a serious physical or mental illness or to be pregnant, or have medical complications related to advanced age, but no later than 72 hours after such determination. The written notification shall become part of the detainee's health record file.

1. Serious Physical Illness

For purposes of this subsection only, the following non-exhaustive categories of medical conditions may be considered to constitute serious physical illness – ...

- any condition that requires dialysis; ..."

See ICE PBNDS 2011, Standard, Medical Care, Section (V)(X)(1).

detainees who agree to the vaccination.

During review of 25 initial health assessments, ODO found four cases in which there was no referral of detainees with clinically significant findings for a complete initial assessment within two working days of the initial screening (**Deficiency MC-3<sup>38</sup>**).

## CONCLUSION

During this inspection, ODO reviewed the facility's compliance with 19 standards under the ICE PBNDS 2011. ODO found the facility fully compliant with ten standards and identified 32 deficiencies in the remaining nine standards. Three of the deficiencies resulted from the lack of local ERO Field Office approval of facility written policy and procedure.

ODO noted four Areas of Concern at PCDC, including one related to the SMU standard, two related to UOF&R, and one related to MC. In SMU, PCDC does not document the detainee date of admission, type of infraction, or tentative and actual release dates. The first concern in UOF&R is that the FOD's designee does not participate in the AAR team. The second concern in UOF&R is that although video footage of one UOF incident shows the COS was involved in the incident and [REDACTED] after-action documentation did not include him as a participant. Additionally, the COS participated in the AAR team even though the purpose of the team is to review the incident objectively and determine the appropriateness of actions taken. ODO identified eight deficiencies in UOF&R, which is a high number of deficiencies when compared to facilities with similar detainee population levels. Related to the MC standard, ODO noted as a concern that the Sheriff has authority to override a medical order in the interest of security.

ODO noted one Best Practice at PCDC in the MC standard. Specifically, in response to a current measles and mumps national outbreak, detainees are offered the Measles, Mumps, and Rubella vaccination if they have not been previously vaccinated.

ODO recommends ERO work with the facility to remedy any deficiencies that remain outstanding, as applicable and in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2019 (PBNDS 2011)
Standards Reviewed	19
Deficient Standards	9
Overall Number of Deficiencies	32
Deficient Priority Components	7
Corrective Actions	5

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<sup>38</sup> "Where there is a clinically significant finding as a result of the initial screening, an immediate referral shall be initiated and the detainee shall receive a health assessment no later than two working days from the initial screening." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(J). **This is a Priority Component.**