



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

Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Chicago Field Office

Pulaski County Jail
Ullin, Illinois

September 14 - 18, 2020

COMPLIANCE INSPECTION
of the
PULASKI COUNTY JAIL
Ullin, Illinois

TABLE OF CONTENTS

FACILITY OVERVIEW	4
COMPLIANCE INSPECTION PROCESS	5
FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES.....	6
DETAINEE RELATIONS	7
COMPLIANCE INSPECTION FINDINGS	7
SECURITY	7
Admission and Release.....	7
Custody Classification System	7
Funds and Personal Property	7
Sexual Abuse and Assault Prevention and Intervention	8
Special Management Units	8
Use of Force and Restraints	8
ACTIVITIES.....	8
Recreation	8
Telephone Access	9
Visitation.....	9
JUSTICE.....	9
Grievance System	9
CONCLUSION	10

COMPLIANCE INSPECTION TEAM MEMBERS

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FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Pulaski County Jail (PCJ) in Ullin, Illinois, from September 14 to 18, 2020.¹ The facility opened in 1997 and is owned and operated by Pulaski County. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at PCJ in 1998 under the oversight of ERO's Field Office Director (FOD) in Chicago (ERO Chicago). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned deportation officers to the facility. An PCJ administrator handles daily facility operations and is supported by █ personnel. Pulaski County Jail provides food services, VitalCore Health Strategies provides medical care, and Stellar Services provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in December 2019.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	216
Average ICE Detainee Population ³	107
Male Detainee Population (as of 9/1/2020)	97
Female Detainee Population (as of 9/1/2020)	4

During its last inspection, in Fiscal Year (FY) 2019, ODO found 32 deficiencies in the following areas: Admission and Release (3); Custody Classification System (4); Disability Identification, Assessment, and Accommodation (4); Environmental Health and Safety (3); Food Service (3); Funds and Personal Property (1); Medical Care (3); Special Management Units (1); and Use of Force and Restraints (10).

¹ This facility holds both 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 September 1, 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 PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES

PBNDs 2011 (Revised 2016) Standards Inspected ⁵	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	1
Custody Classification System	2
Funds and Personal Property	3
Sexual Abuse and Assault Prevention and Intervention	1
Special Management Units	1
Staff-Detainee Communication	0
Use of Force and Restraints	3
Sub-Total	11
Part 4 – Care	
Food Service	0
Medical Care	0
Medical Care - Women	0
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	0
Part 5 – Activities	
Recreation	2
Religious Practices	0
Telephone Access	1
Visitation	1
Sub-Total	4
Part 6 – Justice	
Grievance Systems	3
Law Libraries and Legal Material	0
Sub-Total	3
Total Deficiencies	18

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

DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. The detainees reported satisfaction with facility services and did not note any concerns/issues. ODO conducted detainee interviews via video teleconference.

COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (A&R)

ODO reviewed 12 detainee files and found all 12 had the Order to Detain Form (Form I-203); however, two of the forms were not signed for two files by an ERO authorizing official (**Deficiency A&R-1⁶**).

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed 12 detainee reclassification files and found one out of 12 reclassification files was not completed within 90-days after the date of the initial classification (**Deficiency CCS-1⁷**).

ODO interviewed the classification manager, reviewed the facility's CCS program, and found the facility's written policy does not provide detainees with an explanation of each custody level (**Deficiency CCS-2⁸**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the facility's F&PP policy and found there was no written policy regarding the loss of, or damage to, detainee property (**Deficiency F&PP-1⁹**).

ODO interviewed the chief of security and found the detainee property storage bins within the housing storage area are not securable (**Deficiency F&PP-2¹⁰**).

⁶ "An Order to Detain or an Order to Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/ERO Authorizing Official signature, must accompany each newly arriving detainee." See ICE PBNDS 2011, Standard, Admission & Release, Section (V)(E).

⁷ "The first reclassification assessment shall be completed within 60-90 days after the initial classification." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(H)(1).

⁸ "The *ICE Detainee Handbook* standard section on classification shall include: An explanation of the classification levels, with the conditions and restrictions applicable to each." See ICE PBNDS 2011, Standard, Custody Classification System (V)(K).

⁹ "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures relating to personal property, including: 5. the procedure for filing a claim for lost or damaged property." See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(C)(5).

¹⁰ "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). **Repeat Deficiency**

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility's SAAPI program and determined the facility's written policies and procedures have not been reviewed nor approved by the FOD ERO Chicago (**Deficiency SAAPI-1¹¹**).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed administrative segregation (AS) records for 21 detainees the facility placed in SMU in the year preceding the inspection. ODO found three out of 21 AS orders were not signed by a medical professional (**Deficiency SMU-1¹²**).

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed the facility's UOF&R program and found the facility's policy allows for the use of [REDACTED], which is unauthorized (**Deficiency UOF&R-1¹³**).

ODO reviewed two calculated UOF&R incidents and found one out of the two incidents resulted in a detainee being placed in [REDACTED] for [REDACTED], which the supervisor did not physically check the detainee every [REDACTED] or documented the reason for the continuance use of the [REDACTED] (**Deficiency UOF&R-2¹⁴**).

ACTIVITIES

RECREATION (R)

ODO interviewed facility staff and found the facility does provide or post a recreation schedule (**Deficiency R-1¹⁵**).

¹¹ "Each facility shall have written policy and procedures for a SAAPI program... The facility's written policy and procedure require the review and approval of the FOD." See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(A)(6).

¹² "A medical professional who ordered a detainee removed from the general population shall complete and sign an administrative segregation order." See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(A)(1)(g).

¹³ "The following devices are not authorized: [REDACTED]" See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(G)(5)(b). **Repeat Deficiency**

¹⁴ Once a detainee has been placed in [REDACTED] the shift supervisor is required to conduct a physical check of the detainee once every [REDACTED] to determine if the detainee has stopped the behavior which required the restraints and thus restraints are no longer necessary. Once this behavioral change has been achieved, a decision to remove the restraints or place the detainee in less restrictive restraints shall be made. If this has not been achieved, the shift supervisor shall document the reason for continuance of the [REDACTED]." See ICE PBNDS 2011, Standard, Use of Force and Restraints, Section (V)(M).

¹⁵ "Recreation schedules shall be provided to the detainees or posted in the facility." See ICE PBNDS 2011, Standard, Recreation, Section (V)(B).

ODO reviewed the facility's recreation program and determined the facility does not offer programmatic activities, such as: educational classes or speakers; sobriety programs; and other organized activities or recreational programs (**Deficiency R-2¹⁶**).

TELEPHONE ACCESS (TA)

ODO reviewed the facility's TA program and found the facility does not visibly post rules for accessing and operating the telephone (**Deficiency TA-1¹⁷**).

VISITATION (V)

ODO reviewed the facility's visitation program and found the facility does not have a written legal visitation procedure for the exchange of documents between a detainee and their legal representative(s) (**Deficiency V-1¹⁸**).

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed the facility's GS program and found the facility does not have a written policy in place regarding urgent access to legal counsel or the law library (**Deficiency GS-1¹⁹**).

ODO reviewed the facility's GS program, interviewed the chief of security, and found the facility does not have an established three level formal grievance review system in place (**Deficiency GS-2²⁰**).

¹⁶ "Facilities shall offer other programmatic activities, such as:

1. education classes or speakers;
2. sobriety programs such as alcoholics anonymous;
3. other organized activities or recreational programs." *See* ICE PBNDS 2011, Standard, Recreation, Section (V)(F).

¹⁷ "Each facility shall provide telephone access rules in writing to each detainee upon admission, and also shall post these rules where detainees may easily see them." *See* ICE PBNDS 2011, Standard, Telephone Access, Section (V)(C).

¹⁸ "The facility's written legal visitation procedures must provide for the exchange of documents between a detainee and the legal representative or assistant, even when contact visitation rooms are unavailable." *See* ICE PBNDS 2011, Standard, Visitation, Section (V)(J)(10).

¹⁹ "Each facility shall implement written procedures for identifying and handling a time-sensitive emergency grievance that involve an immediate threat to health, safety or welfare. Written procedures shall also cover urgent access to legal counsel and the law library." *See* ICE PBNDS 2011, Standard, Grievance System, Section, (V)(C)(2).

²⁰ "Each facility shall establish three levels of formal grievance review. These reviews shall consist of 1) GO review; 2) grievance appeals board (GAB) review; and 3) appellate review." *See* ICE PBNDS 2011, Standard, Grievance System, Section, (V)(C)(3).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 19 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with nine of those standards. ODO found 18 deficiencies in the remaining 10 standards. ODO commends facility staff for their responsiveness during this 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 2019 (PBNDS 2011-Revised 2016)	FY 2020 (PBNDS 2011-Revised 2016)
Standards Reviewed	19	19
Deficient Standards	9	10
Overall Number of Deficiencies	32	18
Repeat Deficiencies	7	2
Corrective Actions	5	0