

# ICE Detention Standards Compliance Review

Tri-County Justice and Detention Facility

March 3-5, 2009

REPORT DATE – March 7, 2009



Contract Number: ODT-6-D-0001  
Order Number: HSCEOP-07-F-01016

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(b)(6), (b)(7)(c) COTR  
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March 7, 2009

MEMORANDUM FOR: James T. Hayes, Jr.  
Director  
Office of Detention and Removal Operations

FROM: (b)(6), (b)(7)(C) *for*  
Reviewer-In-Charge

SUBJECT: Tri-County Justice and Detention Center  
Annual Detention Review

Creative Corrections conducted the Annual Detention Review (ADR) of Tri-County Justice and Detention Center, located in Ullin, Illinois, on March 3-5, 2009. The facility is located in Pulaski County and serves two adjacent counties. It is managed by Paladin Eastside Psychological Services, Inc. (since August 2008). The former managing company, GEO Group, did not renew its contract. As noted on the attached documents, the team of Subject Matter Experts included (b)(6), (b)(7)(C) Health Services; (b)(6), (b)(7)(C) Environmental Health and Safety; (b)(6), (b)(7)(C) Food Service; and (b)(6), (b)(7)(C) Security.

A final review closeout was conducted on Thursday, March 5, 2009 with (b)(6), (b)(7)(C) Warden; Gayla Jones, Pulaski County Contract Monitor; Norris Hogans, Nakamoto Group Monitor; (b)(6), (b)(7)(C) Captain; and (b)(6), (b)(7)(C) ICE Agent. During the closeout all deficiencies, concerns, observations, and recommendation were discussed.

**Type of Review**

This review is a scheduled Detention Standard Review to determine general compliance with established ICE National Detention Standards for facilities housing detainees over 72 hours.

**Review Summary**

The facility is not accredited by the American Correctional Association, National Commission on Correctional Health Care, or Joint Commission on Accreditation of Healthcare Organizations.

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**Standards Compliance**

The following statistical information provides a direct comparison of the 2008 ADR and this ADR conducted for 2009.

**March 2008 Review**

<b>Compliant</b>	<b>37</b>
<b>Deficient</b>	<b>0</b>
<b>At-Risk</b>	<b>0</b>
<b>Non-Applicable</b>	<b>1</b>

**March 2009 Review**

<b>Compliant</b>	<b>37</b>
<b>Deficient</b>	<b>0</b>
<b>At-Risk</b>	<b>0</b>
<b>Non-Applicable</b>	<b>1</b>

**Recommended Rating and Justification**

It is the Reviewer-in-Charge's (RIC) recommendation that the facility receive a rating of "Acceptable". It should be noted that staff has worked very hard the past six months to develop and implement new policies, as the previous contractor removed all of its documentation. The facility is still in the process of fine-tuning local policies and procedures. No deficiencies were noted, therefore, no corrective action plan should be required.

**RIC Assurance Statement**

All findings of this review have been documented on the attached Detention Review Worksheets and are supported by the written documentation contained in the review file.

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**A. Type of Facility Reviewed**

ICE Service Processing Center  
 ICE Contract Detention Facility  
 ICE Intergovernmental Service Agreement

**B. Current Inspection**

Type of Inspection  
 Field Office  HQ Inspection  
Date[s] of Facility Review  
**March 3-5, 2009**

**C. Previous/Most Recent Facility Review**

Date[s] of Last Facility Review  
**March 4-6, 2008**  
Previous Rating  
 Superior  Good  Acceptable  Deficient  At-Risk

**D. Name and Location of Facility**

Name  
**Tri-County Justice and Detention Center**  
Address (Street and Name)  
**1026 Shawnee College Road**  
City, State and Zip Code  
**Ullin, Illinois 62992**  
County  
**Pulaski County**  
Name and Title of Chief Executive Officer (Warden/OIC/Supt.)  
**(b)(6), (b)(7)c, Warden**  
Telephone # (Include Area Code)  
**618-845-3512**  
Field Office / Sub-Office (List Office with oversight responsibilities)  
**Chicago, Illinois**  
Distance from Field Office  
**365 miles**

**E. ICE Information**

Name of Inspector (Last Name, Title and Duty Station)  
**(b)(6), (b)(7)c /RIC/Administration**  
Name of Team Member / Title / Duty Location  
**(b)(6), (b)(7)c /SME/Environmental Health and Safety**  
Name of Team Member / Title / Duty Location  
**(b)(6), (b)(7)c /SME/Security**  
Name of Team Member / Title / Duty Location  
**(b)(6), (b)(7)c /SME/Food Service**  
Name of Team Member / Title / Duty Location  
**(b)(6), (b)(7)c /SME/Medical Services**

**F. CDF/IGSA Information Only**

Contract Number: **25-99-0135** Date of Contract or IGSA: **November 1, 2008**  
Basic Rates per Man-Day: **\$65.00**  
Other Charges: (If None, Indicate N/A)  
**Transportation / Meals/\$20.00 per hour per officer**

Estimated Man-days Per Year:  
**2471**

**G. Accreditation Certificates**

List all State or National Accreditation[s] received:  
 Check box if facility has no accreditation[s]

**H. Problems / Complaints (Copies must be attached)**

The Facility is under Court Order or Class Action Finding  
 Court Order  Class Action Order  
The Facility has Significant Litigation Pending  
 Major Litigation  Life/Safety Issues  
 Check if None.

**I. Facility History**

Date Built  
**1999**  
Date Last Remodeled or Upgraded  
**N/A**  
Date New Construction / Bed space Added  
**N/A**  
Future Construction Planned  
 Yes  No Date: **2009**  
Current Bed space: **226 beds** Future Bed space (# New Beds only) Number: **20** Date: **2009**

**J. Total Facility Population**

Total Facility Intake for previous 12 months  
**2665 since August, 2008 (see comments below)**  
Total ICE Man-days for Previous 12 months  
**2110 since August, 2008 (see comments below)**

**K. Classification Level (ICE SPCs and CDFs Only)**

	L-1	L-2	L-3
Adult Male	23	83	19
Adult Female	0	0	1
	23	83	20

**L. Facility Capacity**

	Rated	Operational	Emergency
Adult Male	226	230	240
Adult Female	8	8	12
<input type="checkbox"/> Facility holds Juveniles Offenders 16 and older as Adults			

**M. Average Daily Population**

	ICE	USMS	Other
Adult Male	175	12	20
Adult Female	1	3	2

**N. Facility Staffing Level**

Security: **49** Support: **17**

**Significant Incident Summary Worksheet**

For Creative Corrections to complete its review of your facility, the following information must be completed prior to the scheduled review dates. The information on this form should contain data for the past twelve months in the boxes provided. The information on this form is used in conjunction with the ICE Detention Standards in assessing your Detention Operations against the needs of the ICE and its detained population. This form should be filled out by the facility prior to the start of any inspection. Failure to complete this section will result in a delay in processing this report and the possible reduction or removal of ICE' detainees at your facility.

<i>Incidents</i>	<i>Description</i>	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault: Offenders on Offenders <sup>1</sup>	Types (Sexual <sup>2</sup> , Physical, etc.)	0	Physical	Physical	Physical
	With Weapon	0	0	1	0
	Without Weapon	0	2	6	5
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	Physical	0	Physical	Physical
	With Weapon	1	0	0	0
	Without Weapon	0	0	2	1
Number of Forced Moves, incl. Forced Cell moves <sup>3</sup>		0	0	0	0
Disturbances <sup>4</sup>		0	0	0	0
Number of Times Chemical Agents Used		0	0	2	2
Number of Times Special Reaction Team Deployed/Used		0	0	0	0
# Times Four/Five Point Restraints applied/used	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		0	0	0	2
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	6	0	4	8
	# Resolved in favor of Offender/Detainee	0	0	3	2
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other).	0	0	0	0
	Number	0	0	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	3	10	10	7
	# Psychiatric Cases referred for Outside Care	0	1	4	3

<sup>1</sup> Any attempted physical contact or physical contact that involves two or more offenders

<sup>2</sup> Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consenting or non-consenting

<sup>3</sup> Routine transportation of detainees/offenders is not considered "forced"

<sup>4</sup> Any incident that involves four or more detainees/offenders, includes gang fights, organized multiple hunger strikes, work stoppages, hostage situations, major fires, or other large scale incidents.

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DHS/ICE Detention Standards Review Summary Report						
1. Acceptable 2. Deficient 3. At Risk 4. Repeat Finding 5. Not Applicable						
Legal Access Standards		1.	2.	3.	4.	5.
1.	Access to Legal Materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Group Presentations on Legal Rights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Visitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Telephone Access	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Detainee Services						
5.	Admission and Release	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Classification System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Correspondence and Other Mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Detainee Handbook	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Food Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Funds and Personal Property	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Detainee Grievance Procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.	Issuance and Exchange of Clothing, Bedding, and Towels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.	Marriage Requests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Non-Medical Emergency Escorted Trip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15.	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16.	Religious Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17.	Voluntary Work Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Services						
18.	Hunger Strikes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19.	Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20.	Suicide Prevention and Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21.	Terminal Illness, Advanced Directives and Death	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Security and Control						
22.	Contraband	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23.	Detention Files	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Disciplinary Policy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25.	Emergency Plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26.	Environmental Health and Safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27.	Hold Rooms in Detention Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28.	Key and Lock Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29.	Population Counts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30.	Post Orders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31.	Security Inspections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32.	Special Management Units (Administrative Segregation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33.	Special Management Units (Disciplinary Segregation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34.	Tool Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35.	Transportation (Land management)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36.	Use of Force	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37.	Staff / Detainee Communication (Added August 2003)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38.	Detainee Transfer (Added September 2004)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

All findings (Deficient and At-Risk) require written comment describing the finding and what is necessary to meet compliance.

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**RIC Review Assurance Statement**

By signing below, the Reviewer-In-Charge (RIC) certifies that all findings of noncompliance with policy or inadequate controls contained in the Inspection Report are supported by evidence that is sufficient and reliable. Furthermore, findings of noteworthy accomplishments are supported by sufficient and reliable evidence. Within the scope of the review, the facility is operating in accordance with applicable law and policy, and property and resources are efficiently used and adequately safeguarded, except for the deficiencies noted in the report.

Reviewer-In-Charge: (Print Name)  (b)(6), (b)(7)(c)	Signature  <i>[Signature]</i> (b)(6), (b)(7)(c)
Title & Duty Location	Date  March 7, 2009
Reviewer-In-Charge	

Team Members	
Print Name, Title, & Duty Location  (b)(6), (b)(7)(c) SME-Security and Control	Print Name, Title, & Duty Location  (b)(6), (b)(7)(c) SME-Environmental Health and Safety
Print Name, Title, & Duty Location  (b)(6), (b)(7)(c) SME-Food Service	Print Name, Title, & Duty Location  (b)(6), (b)(7)(c) SME-Medical Health Services

**Recommended Rating:**

- Superior
- Good
- Acceptable
- Deficient
- At-Risk

**Comments:**

It should be noted that the information provided is from August 2008 to present. The new management company, Paladin Eastside Company, replaced The GEO Group and does not have access to documents prior to the take-over. The prior company removed all documentation/information generated during their management tenure.

All assaults resulted in no severe injuries.

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REVIEW AUTHORITY

THE SIGNATURE BELOW CONSTITUTES REVIEW AND ACCEPTANCE OF THIS REPORT BY THE REVIEW AUTHORITY. FOD/OIC/CEO WILL HAVE THIRTY (30) CALENDAR DAYS FROM RECEIPT OF THIS REPORT TO RESPOND TO ALL FINDINGS AND RECOMMENDATIONS.

HQDRO MANAGEMENT REVIEW: (Print Name)	Signature
(b)(6) (b)(7)(c)	(b)(6) (b)(7)(c)
Title	Date
Acting Chief	(b)(6) (b)(7)(c) April 10, 2009

- FINAL RATING:
- SUPERIOR
  - GOOD
  - ACCEPTABLE
  - DEFICIENT
  - AT-RISK

COMMENTS:

The Review Authority concurs with the recommended rating of Acceptable. This review is closed.