

**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  
February 22-24 2011

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

Date[s] of Last Facility Review  
March 2-4, 2010  
Previous Rating  
 Superior  Good  Acceptable  Deficient  At-Risk

**D. Name and Location of Facility**

Name  
Tri County Jail & 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 Facility Administrator  
(Warden/OIC/Superintendent)  
(b)(6), (b)(7)(c) Warden  
include Area Code)  
618-845-3512  
Field Office / Sub-Office (List Office with oversight responsibilities)  
Chicago, Illinois  
Distance from Field Office  
350

**E. ICE Information**

Name of Inspector (Last Name, Title and Duty Station)  
(b)(6), (b)(7)(c) / LCI / MGT  
Team Member / Title / Duty Location  
(b)(6) / CI-Food Service & Safety / MGT  
e of Team Member / Title / Duty Location  
(b)(6), (b) / CI-Medical Care / MGT  
of Team Member / Title / Duty Location  
(b)(6), (b) / CI-Security / MGT  
Name of Team Member / Title / Duty Location  
/ /

**F. CDF/IGSA Information Only**

Contract Number EROIGSA-11-0006	Date of Contract or IGSA 12-29-2010
Basic Rates per Man-Day \$77.00	
Other Charges: (If None, Indicate N/A) ; ; ;	

Estimated Man-days Per Year 80,000
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**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 1997	
Date Last Remodeled or Upgraded 2010	
Date New Construction / Bedspace Added 12-20-2010	
Future Construction Planned Yes    No    Date:	
Current Bedspace 234	Future Bedspace (# New Beds only) Number:                      Date:

**J. Total Facility Population**

Total Facility Intake for previous 12 months 4,935
Total ICE Mandays for Previous 12 months 75,215

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

	L-1	L-2	L-3
Adult Male	21	95	61
Adult Female			

**L. Facility Capacity**

	Rated	Operational	Emergency
Adult Male	234	234	246
Adult Female			
Facility holds Juveniles Offenders 16 and older as Adults			

**M. Average Daily Population**

	ICE	USMS	Other
Adult Male	190		20
Adult Female			1

**N. Facility Staffing Level**

Security: 60	Support: 18
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**Significant Incident Summary Worksheet**

For ICE 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.)	P	P	P	P
	With Weapon	0	0	0	0
	Without Weapon	8	3	2	2
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	P	P	P	P
	With Weapon	0	0	0	0
	Without Weapon	2	1	3	5
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	0	0	
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
Number of Times Canines Used in Facility	1	0	0	0	
Offender / Detainee Medical Referrals as a result of injuries sustained.	0	0	1	0	
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	2	0	0	4
	# Resolved in favor of Offender/Detainee	0	0	0	1
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	40	46	30	69
	# Psychiatric Cases referred for Outside Care	1	0	1	1

<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.

DHS/ICE Detention Standards Review Summary Report				
1. Meets Standards	2. Does Not Meet Standards	3. Repeat Finding	4. Not Applicable	
1	2	3	4	
<b>PART 1 SAFETY</b>				
1	Emergency Plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Environmental Health and Safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Transportation (By Land)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PART 2 SECURITY</b>				
4	Admission and Release	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Classification System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Contraband	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Facility Security and Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Funds and Personal Property	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Hold Rooms in Detention Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Key and Lock Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Population Counts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Post Orders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Searches of Detainees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Sexual Abuse and Assault Prevention and Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Special Management Units	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Staff-Detainee Communication	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Tool Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Use of Force and Restraints	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PART 3 ORDER</b>				
19	Disciplinary System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PART 4 CARE</b>				
20	Food Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Hunger Strikes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Personal Hygiene	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Suicide Prevention and Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Terminal Illness, Advance Directives, and Death	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PART 5 ACTIVITIES</b>				
26	Correspondence and Other Mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Escorted Trips for Non-Medical Emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28	Marriage Requests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Religious Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Telephone Access	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Visitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Voluntary Work Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PART 6 JUSTICE</b>				
34	Detainee Handbook	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Grievance System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Law Libraries and Legal Material	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	Legal Rights Group Presentations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PART 7 ADMINISTRATION &amp; MANAGEMENT</b>				
38	Detention Files	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	News Media Interviews and Tours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	Staff Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	Transfer of Detainees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**LCI Review Assurance Statement**

By signing below, the Lead Compliance Inspector (LCI) 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.

Lead Compliance Inspector: (Print Name)  (b)(6) (b)(7)(C)	<i>Signature</i>
on  LCI, MGT of America	Date  February 24, 2011

<b>Team Members</b>	
Print Name, Title, & Duty Location  (b)(6) (b)(7)(C), CI -Security, MGT of America	Print Name, Title, & Duty Location  (b)(6) (b)(7)(C) CI-Medical Care, MGT of America
Print Name, Title, & Duty Location  (b)(6) (b)(7)(C) CI-Food Service & Environmental Health and T of America	Print Name, Title, & Duty Location
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location

**Recommended Rating:**                       **Meets Standards**  
 **Does Not Meet Standards**

Comments:  
 There were no deaths, attempted suicides , escapes reported during the last year.

Tasers are not used at this facility.

A canine was used once in 2010. As a result of a major escape, the facility was locked down during that time. The Illinois Department of Correction brought a canine into the facility for a sweep. An altercation occurred between the dog and an ICE detainee. As a result, the dog bit the ICE detainee; however, the detainee only suffered minor injuries which did not require hospitalization. Facility policy now prevents the use of canines.