



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

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**Office of Detention Oversight**  
**Unannounced Follow-Up Compliance**  
**Inspection**  
**2024-002-375**

**Enforcement and Removal Operations**  
**ERO Chicago Field Office**

**Clay County Jail**  
**Brazil, Indiana**




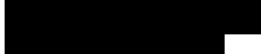
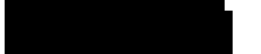


**June 25-27, 2024**

**UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION  
of the  
CLAY COUNTY JAIL  
Brazil, Indiana**

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**UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION  
TEAM MEMBERS**

	Team Lead	ODO
	Senior Inspections and Compliance Specialist	ODO
	Senior Inspections and Compliance Specialist	ODO
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections

## FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted an unannounced follow-up compliance inspection of the Clay County Jail (CCJ) in Brazil, Indiana, from June 25 to 27, 2024.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last inspection of CCJ from January 9 to 11, 2024. The facility opened in 2006 and is owned by the Clay County Commissioners and operated by the Clay County Sheriff’s Department. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at CCJ in 2013 under the oversight of ERO’s Field Office Director in Chicago (ERO Chicago). ICE is an authorized user of this facility under a United States Marshals Service Intergovernmental Agreement contract, which does not specify an ICE National Detention Standard (NDS). ODO inspected to the NDS listed on the ERO Custody Management Division Authorized Facility List as of June 24, 2024. CCJ was inspected against the NDS 2019, and ODO’s assigned rating is for ERO’s informational purposes only.

[REDACTED] A sheriff handles daily facility operations and manages support personnel. Tiger commissary provides food and commissary services, and Quality Correctional Care provides medical care services at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of June 25, 2024)	[REDACTED]
Adult Female Population (as of June 25, 2024)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 19 deficiencies in the following areas: Custody Classification System (2); Special Management Unit (12); Sexual Abuse and Assault Prevention and Intervention (2); Medical Care (3).

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

<sup>2</sup> Data Source: ERO Custody Management Division Authorized Facility List as of June 24, 2024.

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

## **UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION PROCESS**

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more detainees, and where detainees are housed for longer than 72 hours, to assess compliance with ICE National Detention Standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all over 72-hour ICE detention facilities with an ADP of 10 or more detainees that ODO conducted a full inspection of earlier in the FY.<sup>4</sup>

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which may include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's uniform corrective action plan (UCAP), and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

In FY 2022, ODO began conducting unannounced inspections of ICE detention facilities, ensuring each facility subject to biannual inspections receives an unannounced inspection at least once every 3 years. Upon completion of each special review or unannounced 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 UCAPs; 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.

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ODO reviews the facility's compliance with selected standards in their entirety.<sup>4</sup>

## FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected <sup>5,6,7</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	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	1
Use of Force and Restraints	0
Special Management Units	8
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	0
<b>Sub-Total</b>	<b>9</b>
<b>Part 4 - Care</b>	
Food Service	6
Hunger Strikes	0
Medical Care	0
Significant Self-Harm and Suicide Prevention and Intervention	1
<b>Sub-Total</b>	<b>7</b>
<b>Part 5 - Activities</b>	
Recreation	0
Telephone Access	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 - Justice</b>	
Grievance System	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>19</b>

<sup>5</sup> For greater detail on ODO's findings, see the *Unannounced Follow-Up Compliance Inspection Findings* section of this report.

<sup>6</sup> Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

<sup>7</sup> During an unannounced inspection, ODO will review a facility's compliance with at least 10 individual standards; however, unannounced full inspections will include a review of the same standards as announced full inspections.

## DETAINEE RELATIONS

ODO interviewed 20 detainees, who each voluntarily agreed to participate. All other detainees at the facility declined ODO's request for an interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. All 20 detainees reported satisfaction with facility services.

## UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

### SAFETY

#### ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed a jail commander, reviewed the EHS facility policy, observed the chemical storage area, and found the facility did not have a written hazardous communication program, outlining the proper chemical labeling and training for employees (**Deficiency EHS-1<sup>8</sup>**). **This is a priority component.**

ODO found facility staff did not document reviews and maintain the reviews in the master safety data sheet file (**Deficiency EHS-9<sup>9</sup>**).

ODO interviewed the clinical care coach, observed the clinical space, and found a secure cabinet that stored infectious and hazardous needles did not prominently display a biohazard symbol in accordance with the Indiana State Department of Health (**Deficiency EHS-70<sup>10</sup>**).

### SECURITY

#### FUNDS AND PERSONAL PROPERTY (FPP)

ODO observed nine housing areas and found facility staff did not designate an area for storing detainees' personal property in housing units P, Q, and T (**Deficiency FPP-12<sup>11</sup>**).

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<sup>8</sup> "In accordance with OSHA 29 CFR 1910.1200, Hazard Communication, each facility utilizing hazardous chemicals shall create a written hazardous communication program that outlines proper chemical labeling, providing Safety Data Sheets (SDS), and training for employees." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

<sup>9</sup> "Documentation of reviews will be maintained in the SDS master file." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(2).

<sup>10</sup> "Infectious and hazardous waste generated at a medical facility will be stored and disposed of safely and in accordance with all applicable federal and state regulations." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I)(4).

<sup>11</sup> "Each housing area will designate an area for storing detainees' personal property." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(B)(3).

## SPECIAL MANAGEMENT UNIT (SMU)

ODO interviewed a facility captain, reviewed the facility's SMU policy and detention files of seven detainees in administrative segregation (AS) during the inspection period, and found the following deficiencies:

- No documentation of a supervisor review in 4 out of 7 files within 72 hours of placement in AS (**Deficiency SMU-22**<sup>12</sup>). **This is a repeat deficiency;**
- No documentation in four out of seven files that included an interview with the detainee (**Deficiency SMU-23**<sup>13</sup>);
- No documentation in four out of seven files of a review that included a written record of decision and justification (**Deficiency SMU-24**<sup>14</sup>). **This is a repeat deficiency;**
- No completed SMU housing unit record or comparable form placed in two out of seven files (**Deficiency SMU-64**<sup>15</sup>). **This is a repeat deficiency;**
- No record for all seven detainees showing whether the detainees ate, showered, recreated, took medications, had medical conditions, and expressed or exhibited suicidal/assaultive ideations, intent, or behavior in SMU included in their detention files (**Deficiency SMU-65**<sup>16</sup>). **This is a repeat deficiency;**
- No completed activities record for all seven detainees with the printed and signed name of the SMU officer (**Deficiency SMU-66**<sup>17</sup>). **This is a repeat deficiency;**
- No completed and signed SMU medical visit records found in 31 out of 42 shifts placed in the 7 files (**Deficiency SMU-67**<sup>18</sup>). **This is a repeat deficiency;** and

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<sup>12</sup> "A supervisor shall conduct a review within 72 hours of the detainee's placement in administrative segregation to determine whether segregation is still warranted." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(A)(3)(a).

<sup>13</sup> "A supervisor shall conduct a review within 72 hours of the detainee's placement in administrative segregation to determine whether segregation is still warranted.

1) The review shall include an interview with the detainee."

See ICE NDS 2019, Standard, Special Management Unit, Section (II)(A)(3)(a)(1).

<sup>14</sup> "A supervisor shall conduct a review within 72 hours of the detainee's placement in administrative segregation to determine whether segregation is still warranted ...

2) A written record shall be made of the decision and the justification."

See ICE NDS 2019, Standard, Special Management Unit, Section (II)(A)(3)(a)(2).

<sup>15</sup> "The Special Management Housing Unit Record or comparable form shall be prepared immediately upon the detainee's placement in the SMU." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(D)(2).

<sup>16</sup> "The special housing unit officer shall immediately record:

1) Whether the detainee ate, showered, recreated and took any medication; and

2) Any additional information, such as whether the detainee has a medical condition, or has expressed or exhibited suicidal/assaultive ideation, intent, or behavior."

See ICE NDS 2019, Standard, Special Management Unit, Section (II)(D)(2)(a)(1-2).

<sup>17</sup> "The special housing unit officer shall immediately record: ...

3) The officer that conducts the activity shall print his or her name and sign the record."

See ICE NDS 2019, Standard, Special Management Unit, Section (II)(D)(2)(a)(3).

<sup>18</sup> "The facility medical staff shall sign each individual's record when the medical staff member visits a detainee in the SMU. The housing officer shall initial the record after the medical visits are completed, but no later than the end of the shift." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(D)(2)(b).



- No completed, signed, and initialed records found in 31 out of 42 completed shifts after a medical visit in the 7 files (**Deficiency SMU-68<sup>19</sup>**). **This is a repeat deficiency.**

## CARE

### **FOOD SERVICE (FS)**

ODO interviewed the kitchen manager, reviewed the facility’s menus, and found the following deficiencies:

- No common-fare menu based on a 14-day cycle, with special menus for the 10 Federal holidays (**Deficiency FS-60<sup>20</sup>**);
- No chaplain approved ceremonial-meal schedule for the calendar year (**Deficiency FS-68<sup>21</sup>**);
- No ceremonial-meal schedule to include the date, religious group, estimated number of participants, nor required special foods (**Deficiency FS-69<sup>22</sup>**);
- The food service director did not develop a schedule for routine cleaning of equipment (**Deficiency FS-94<sup>23</sup>**);
- Facility staff did not have a schedule to routinely clean all areas (walls, windows, vent hoods) and equipment after each use (**Deficiency FS-96<sup>24</sup>**); and
- Facility staff did not have a schedule to routinely clean each food service area, nor post it for easy reference (**Deficiency FS-97<sup>25</sup>**).

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<sup>19</sup> “The facility medical staff shall sign each individual’s record when the medical staff member visits a detainee in the SMU. The housing officer shall initial the record after the medical visits are completed, but no later than the end of the shift.” *See* ICE NDS 2019, Standard, Special Management Unit, Section (II)(D)(2)(b).

<sup>20</sup> “The common-fare menu is based on a 14-day cycle, with special menus for the 10 Federal holidays.” *See* ICE NDS 2019, Standard, Food Service, Section (II)(F)(2).

<sup>21</sup> “The chaplain, in consultation with local religious leaders, if necessary, shall develop the ceremonial-meal schedule for the subsequent calendar year, providing it to the facility administrator.” *See* ICE NDS 2019, Standard, Food Service, Section (II)(F)(7).

<sup>22</sup> “This schedule shall include the date, religious group, estimated number of participants, and special foods required.” *See* ICE NDS 2019, Standard, Food Service, Section (II)(F)(7).

<sup>23</sup> “The FSA shall develop a schedule for the routine cleaning of equipment.” *See* ICE NDS 2019, Standard, Food Service, Section (II)(I)(6).

<sup>24</sup> “The FSA shall develop a cleaning schedule for each food service area and post it for easy reference. All areas (walls, windows, vent hoods, etc.) and equipment (chairs, tables, fryers, ovens, etc.) will be grouped by frequency of cleaning, e.g., After Every Use, Daily, Weekly, Monthly, Semi-annually, or Annually.” *See* ICE NDS 2019, Standard, Food Service, Section (II)(I)(6)(a).

<sup>25</sup> “The FSA shall develop a cleaning schedule for each food service area and post it for easy reference. All areas (walls, windows, vent hoods, etc.) and equipment (chairs, tables, fryers, ovens, etc.) will be grouped by frequency of cleaning, e.g., After Every Use, Daily, Weekly, Monthly, Semi-annually, or Annually.” *See* ICE NDS 2019, Standard, Food Service, Section (II)(I)(6)(a).

**SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHSPI)**

ODO reviewed three detainee medical files for detainees placed on constant watch status and found in 1 out of 3 files, a mental health provider did not perform welfare checks every 8 hours over the course of a 24-hour supervision (**Deficiency SSHSPI-28**.<sup>26</sup>).

**CONCLUSION**

During this inspection, ODO assessed the facility’s compliance with 16 standards under NDS 2019 and found the facility in compliance with 11 of those standards. ODO found 19 deficiencies in the remaining 5 standards. Since its last rated inspection in January 2024, the facility has trended downward in the number of deficient standards but remained the same in number of deficiencies. CCJ went from 4 deficient standards and 19 deficiencies in January 2024 to 5 deficient standards and 19 deficiencies during this most recent follow-up inspection, which includes 1 priority component deficiency in EHS and 7 repeat deficiencies for SMU. ODO has not received a UCAP for the ODO’s last full inspection in January 2024, which likely contributed to the repeat deficiencies in the SMU standard. ODO recommends ERO Chicago work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2024 Full Inspection (NDS 2019)</b>	<b>FY 2024 Follow-Up Inspection (NDS 2019)</b>
Standards Reviewed	24	16
Deficient Standards	4	5
Overall Number of Deficiencies	19	19
Priority Component Deficiencies	3	1
Repeat Deficiencies	0	7
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Acceptable/Adequate	N/A

<sup>26</sup> “A mental health provider will perform welfare checks every 8 hours.” See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(F).