

**COMMISSION ON ACCREDITATION FOR CORRECTIONS
STANDARDS COMPLIANCE REACCREDITATION AUDIT**

Lake County Sheriff's Office
Lake County Sheriff Adult Correctional Facility
Waukegan, Illinois

July 9-11, 2012

VISITING COMMITTEE MEMBERS

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A. Introduction

The audit of the Lake County Sheriff's Adult Correctional Facility was conducted on July 9-11, 2012, by the following team: Robert Conley, chairperson, Hugh Daley, member and Sandra Amoia Kowalczyk, member.

B. Facility Demographics

Rated Capacity: 740
Actual Population: 622
Average Daily Population for the last 12 months: 655
Average Length of Stay: 21 Days
Security/Custody Level: Min/Med/Max
Age Range of Offenders: 17+
Gender: Male and Female
Full-Time Staff: (256)
(5) Administrative, (2) Support, (2) Program, (212) Security, (3) Commissary, (7) Kitchen, (8) Medical (15)

C. Facility Description

The Lake County Sheriff's Office, Adult Correctional Facility was issued occupancy approval in 1989. A renovation of a small portion of the facility was completed in early 2006. The facility is currently accredited with the National Commission on Correctional Health Care (NCCHC) and has been continually accredited for 20 plus years. The facility was granted its initial accreditation status with the American Correctional Association and the Commission on Accreditation for Corrections in August of 2006.

The Lake County Jail houses offenders on six floors of a seven-story building. The seventh floor is a mechanical operations floor. The sixth floor consists of four housing units of 40 offenders each. Each cell is double-bunked in 20 cells. All housing units are direct-supervision and configured with a mezzanine level.

The fourth floor consists of two housing units of 60 offenders. These housing units are identical to the 60-bed unit on the fifth floor.

The third floor consists of three housing units. Two of the housing units have 24-bed single-bunked cells. There is a 48-bed, single cell housing unit, which contains the segregation unit.

The second floor consists of central control, commissary, library, barber shop, classrooms, jail administration, gymnasium, correctional emergency response team room and the medical services unit, which contains 12-single medical observation cells. The first floor consists of booking, external transport office, property room, holding cells, reception, good service, operational deputy chief's office, and laundry services.

The booking room has six holding cells and two group holding cells. There are 68 criminal justice agencies that utilize the Lake Country Correctional Facility.

The agency completed some renovation in 2005, which consists of two 56-bed dormitory style units located on the second floor, and one 20- bed, double-bunked housing unit, and one 32 bed dormitory unit, both located on the first floor. The basement consists of the maintenance office, lieutenants office, sergeants office, roll call room/dining area, male and female washrooms/locker areas, sheriff's photographers office, and a mechanical room.

The mission of the Lake County Sherriff's Adult Correctional Facility is to maximize community protection, public safety and victim's rights through the custodial supervision of sentenced individuals and pre-trial detainees utilizing direct supervision and innovative community-based management principles. There have been no major renovations, additions, or new construction at the Lake County Jail during this audit cycle.

D. Pre-Audit Meeting

The team met on July 8, 2012 in Gurnee, Illinois to discuss the information provided by the Association staff and the officials from the Lake County Sheriff's Correctional Facility.

The chairperson divided standards into the following groups:

Standards #4-ALDF-1A-01 to 4-ALDF-3A-02 Sandra Amoia Kowalczyk
Standards #4-ALDF-4A-01 to 4-ALDF-4D-28 Hugh Dailey, Member
Standards #4-ALDF-5A-01 to 4-ALDF-7F-07 Robert Conley, Chairperson

E. The Audit Process

1. Transportation

The team was escorted to the facility by Officer Richard Gierlach.

2. Entrance Interview

Megan Mercado, Chief of Corrections and Daniel Sheline, Sergeant escorted the team to the conference room.

The following persons were in attendance:

Wayne Hunter – Undersheriff, acting
Megan Mercado – Chief of Corrections
David Wathen – Deputy Chief of Corrections
Daniel Sheline – Sergeant Accreditation Manager
Randall Simpson – Accreditation Coordinator
Daniel Hoth – Sergeant
Michael Keegan – Health Services Administrator

It was explained that the goal of the visiting team was to be as helpful and non-intrusive as possible during the conduct of the audit. The chairperson emphasized the goals of accreditation toward the efficiency and effectiveness of correctional systems throughout the United States. The audit schedule was also discussed at this time.

The team was escorted to the facility by Officer Richard Gierlach.

3. Facility Tour

The team toured the entire facility from 9:00 a.m. to 2:00 p.m. The following persons accompanied the team on the tour and responded to the team's questions concerning facility operations:

Daniel Sheline – Accreditation Manager
Randall Simpson – Accreditation Coordinator
Daniel Hoth – Sergeant
Richard Gierlach - Officer
Michael Ventura - Officer
Lisa McGinnis - Officer

4. Conditions of Confinement/Quality of Life

During the tour, the team evaluated the conditions of confinement at the facility. The following narrative description of the relevant programmatic services and functional areas summarizes the findings regarding the quality of life.

Security:

Security at the Lake County Sheriff Adult Detention Facility is manned by 189 line staff that are supervised by eighteen Sergeants, five Lieutenants, one newly appointed Deputy Chief and one newly appointed Chief. Security is enhanced by 72 surveillance cameras that cover the perimeter, all entrances, doors and hallways. The camera monitors are located in Central Control. Two officers are assigned in the area. The officers open most doors and control the movements of offenders and staff.

These officers also monitor the new Simplex Fire Alarm System and internal radio communication.

There are three entrances into the facility and one sally-port for vehicles. There is an administration entrance for visitors, which is controlled by a clerk receptionist and a basement entrance for staff.

All housing unit pods are equipped with computers that allow unit staff to open and close doors. Keys also remain on post each shift in case of an electrical malfunction.

The computers also have post orders and other pertinent information that the officers can access to aid them in their job performance.

Once certified in O/C Chemical Agent Spray and in the X-26 laser; staff can carry these items on their person while on duty. The location of the storage of chemical agent and less than lethal weapons were observed in areas close or adjacent to the inmate housing. This was in violation of facility policy and it is suggested that a new location be selected to store these security items.

Security staff interviewed was knowledgeable and were observed carrying out their duties in an extremely professional manner. Lake County Jail has a well trained and well equipped Emergency Response Team. Training for the team is on-going and meets all standards.

Keys are dispensed through a Key Watchman's Unit. Staff must use fingerprint identification along with a numbered code to gain access to the key box. It was suggested that emergency key be tested quarterly while conducting area fire drills.

Environmental Conditions:

The facility met shower, washbasin, and commode requirements, as well as air circulation levels. There were two standards in this area found to be non-compliant. One was involving a living unit, 4-ALDF-1A-16, which requires three feet of transparent glazing per offender when three or more are in the room/cell. The term "new construction" was misinterpreted during this audit cycle. New construction in the ALDF Manual is any building constructed since 1992.

Temperatures throughout the facility were at a comfortable range; documents indicated this was the norm. There were televisions in each living area, and the officer's station is located in the living area for direct supervision of the pods, which have a capacity of 30 to 60 offenders. The team did not observe any long standing maintenance problems. Work orders for repair are sent to the County's maintenance section, which maintains most county buildings.

Smaller problems are given to the single staff assigned this duty, who uses offender workers.

Sanitation:

The facility lacked a housekeeping plan and many areas are in need of detail cleaning. The facility uses offender porters for areas that are not off limits to offenders. In areas that are deemed off limits to offenders, civilian maintenance workers to the housekeeping tasks.

The team found the mops and buckets in janitor closets adjacent to offender housing, with limited supplies of cleaning supplies maintained in the units. The offender living quarters were clean, the beds were made and offender issued items and personal items were stored neatly. The shower floors were all in good condition. At the time of the audit, the audit team found all sinks and showers checked had cold and hot running water. The facility floors were in good repair with no broken tiles. There was no visible rodent problem, and insect/rodent prevention plan is in place. There was one area, the intake section, which needed further cleaning; this was brought to the attention of the chief.

Fire Safety:

The three Annual Fire Inspections conducted by an outside agency were available for review. There were no major deficiencies found, and all small concerns were corrected by an appropriate plan of action. The initial fire alarm system was replaced in 2009; it was fully operational when observed during the audit. The monthly and weekly inspections were reviewed in standard documentation. During the tour extinguishers were observed, as well as sprinklers and pull downs. The facility is inspected and served by the Waukegan Fire Department. Response time from the nearest station is estimated at five minutes. This agency has approved eight security staff as fire safety monitors at the jail; there is a Fire/Safety Officer to do the weekly and monthly inspections. Team members observed two fire drills during the audit, and medical staff was called. Response for evacuation was satisfactory; a brief meeting with all involved was held to discuss the positive and negative aspects of the drills. The team recommended that the emergency keys be brought to every drill to familiarize officers with this practice to be used when needed.

The facility had satisfactory control of flammable, toxics, and caustics. These items were stored properly, inventoried, and MSDS information was readily available.

Food Service:

Food is prepared utilizing a 28-day cycle menu, which has been approved by a Registered Dietitian.

The entire food service operation is the responsibility of a vendor, Aviands Food Service Management, with corporate offices in Roseville, MN. These employees supervise approximately 15 offenders on a two shift basis to feed the population and staff desiring to eat at the facility. During the past audit, there were a number of complaints concerning food service. This was not the case this audit; it appears most of the concerns have been corrected. Tool and chemical control was satisfactory; there are systems in place controlling each. A review of the three past annual sanitation inspections indicated no serious problems had been found. Minor deficiencies had been corrected with an appropriate plan of action. Special diets and religious diets are available for offenders, which meet the qualification. Cooler and freezer temperatures were within requirements, as was the dry storage areas. All meals are transported to the living units, as there is no formal dining room. An auditor ate an offender breakfast meal and found it to be satisfactory in quantity, quality, temperature, and appearance.

Medical Care:

Lake County Jail health care unit is currently contracted by Correct Care Solution, which provides Medical, Dental, and Mental Health Services. Medical coverage is maintained 24 hours a day, seven days a week. Offenders are provided access to health care providers within 24 hours or less after submitting a sick call request in their housing area. Each housing area is equipped with a sick call box with requests taken up every morning and triaged for the following day. Emergency care is provided at all times. Lake County Jail is equipped with a Medical Observation area consisting of 12 cells/beds and four negative pressure rooms. There are two suicide observation rooms. Bathing facilities are handicap accessible with hot and cold running water. Offenders requiring more intense services or emergency care are transferred to Vista East Medical Center in Waukegan. An examination of Medical Records found the files neat and well organized. The records are maintained under lock and key with confidentiality standards practiced.

The Medication Room was closely examined. The room and storage areas were locked and the keys controlled by appropriate staff. The area was relatively clean and orderly and free of food and beverage with the exception of liquid supplements. All medications were properly labeled and outdated, old, and/or deteriorated medications were removed and placed in containers for return to Diamond Pharmacy services for disposal. It appeared appropriate quantities of medications were on hand. Labels were clean, legible and correct. Drawers were opened and found clean. Medications were stored by route of administration. Controlled medications were properly stored and locked. The narcotic key was controlled by the medication nurse. Inventory count sheets are properly maintained. A change of shift count is performed on all shifts. A spot check of the controlled inventory was correct.

Syringes, needles and sharps are inventoried, properly secured and disposed properly. Staff control of sharps, needles, tools and syringes remains diligent with a minimum of three inventories of these items throughout the day and at every shift change. A spot check of the inventory was also correct. Medical waste is collected daily and stored in a designated closet until collected by Stericycle Medical Waste Company. The boxes were resting upon a wooden pallet 4" off the floor.

Offenders admitted to the facility are seen upon arrival by a health care provider who informs the offender how to access Medical, Dental, and Mental Health as well as how to file grievance. The offenders are also informed of the \$10 co-pay policy at that time. Health appraisals are conducted within 24 hrs. by a health trained professional nurse. Medications are dispensed four times daily, 0400, 0700, 1300, 1700 and 2000. Cell side deliveries of prescribed medications are dispensed as ordered. Diabetics are seen daily at 0400 and 1600. A multi-disciplinary Quality Assurance team meets monthly to address infection control and any current issues or trends. There are written treatment guidelines regarding prevention, control and treatment of infectious diseases. A log is maintained regarding positive tests for communicable diseases including TB, MRSA, and STD's. The Infection Control Nurse was trained in this subject in the course of basic nursing education.

The sick call process is proficient and professionally manned. Offenders submit health care requests in their housing units which are collected daily. For offenders in Segregation, requests are handed to medical staff making rounds. The average wait time between requests and being seen by GP offenders is one to 48 hours. Medical rounds are made daily in Segregation during second shift. The Medical person does stop at each cell and it is so documented. Medical Records are properly secured in a locked Nurse's Station with adequate space. Confidentiality is properly maintained.

As mentioned above, Mental Health treatment is also contracted by CCS. Lake County Jail currently has one full time provider with a Master of Social Work degree and two LSW staff. Mental Health services include suicide prevention and counseling. Services are available upon request and/or referral Monday thru Friday 0800 – 1630. MH staff performs weekly rounds in Segregation. Medical restraints are not utilized at Lake County Jail, although there is a current restraint policy. A board certified psychiatrist remains on call and is in the facility once a week. A variety of psychotropic medications are distributed from the Medication room such Risperidol, Thorazine, Depacote, and Lithium the most common prescribed. Suicidal inmates are treated in house. Such offenders are placed on a 15 minute watch. The MSW is on 24hour call and will see the inmate within 24 hours. The procedure is not limited and the patient can remain on watch indefinitely until released from watch only by a member of the MH team. The patient is permitted a mattress, a suicidal (Ferguson) gown, and fed a brown bag style meal.

Dental Services are provided by a single dental chair clinic. The Dental department has one part-time DDS. Services provided are generally fillings and extractions. Outside consultations are sent to Vista East or other clinics in the area. Universal precautions are observed and supplies are purchased from Moore Medical Supply. The dental sharps and other instruments are properly secured. A count was performed with the assistance of the nurse and found in order.

During this ACA Audit period there were no health outcome measures found out of the ordinary except for 4D-22-4 (Sexual victim potential) and 4D-22-3 (Sexual aggressor potential) of which examples are in the respective files but listed as zero occurrences in the Outcome Measures. The Outcome Measures and Significant Incident Report were reviewed and found in order for a Facility of this size and security level.

In conclusion, the Medical Staff of Lake County Jail should be proud of their practice and high degree of professionalism shown daily. The medical, dental, and mental health departments rise to this challenge daily and work together as a team to get the job done. The Medical Auditor observed two fire drills in which the Medical and MH Staff participated in a very impressive and professional manner.

Recreation:

The general population offenders are able to use exercise machines, as they are placed in all units. Outdoor recreation is available to all offenders at least one hour per day except the living units opened in 2006. Since this date a recreation standard has been found to be non-compliant. A recreation period is scheduled for general population units seven days per week. Segregated offenders are offered recreation five days per week in a covered outdoor area, or four separate dayrooms. These offenders are recreated separately; there are exercise machines in all dayrooms. There are also a number of board games and televisions in general population units.

Religious Programming:

There are 17 chaplains; each visit at least once per week and go to living areas to conduct Bible studies and distributes literature. The following programming is offered on a weekly schedule. Catholic service, Protestant worship, Bible studies, religious book clubs, and Islamic Jummah each Friday. There are over 100 volunteers visiting the jail each week. This program is supervised by the Program Manager. Team members observed volunteers conducting meetings and classes throughout the visit.

Offender Work Programs:

Un-sentenced detainees cannot be made to work, but can volunteer for a job. Sentenced offenders are assigned to traditional operational tasks such as custodians, food service workers, and maintenance. The team observed offenders working throughout the physical plant. There are no offenders assigned to leave the facility for a job in the community.

Academic and Vocational Education:

This department is also supervised by the Program Manager, who teaches and oversees a large group of volunteers. Classroom instruction is offered in GED, ESL, Health, life skills, and basic computer. GED testing is offered on a regular basis, and the TABE test is given to offenders to establish the initial class placement in the programs. Classes are held in rooms adjoining the library; a number of classes were observed during the audit period.

Social Services:

The services are furnished by mental health staff and volunteers. Programs include A/A, N/A, Anger Management, Purpose Driven Life, Parenting, and Re-entry services. A cognitive behavior class and Thinking for a Change are a four week course. A mentoring group for male and female offenders is held on a weekly basis. Mental health staff is available for those offenders which are referred to them by staff at initial intake, or at a later date.

Visitation:

Offenders have the opportunity to have a 30 minute non-contact visit each week. Should an offender be sentenced to the State System, they are entitled to another 30 minute visit. There are contact visits for clergy and attorneys. Booths for non-contact visits are located on the floor when the offender is housed. This obviously reduces offender movement. Visitation is scheduled Wednesday through Sunday. Offenders are on a schedule, evening or week-ends.

Library Services:

The library is available to offenders using a schedule for a visit each week. The units not able to go to the library are served by book carts each week. There is a part-time retired librarian which works evenings to allow offenders access during these hours. The Program Manager is responsible for the operation of the library. There is a variety of books, which can be checked out depending on the reading ability and interest level of the offender. There are also a number of newspapers and magazines available for the population. The library is well-furnished, creates a good first impression, and provides a small number of offenders with a job assignment.

The law library is provided by computer using the Lexis Nexis program. An offender computer is provided to each housing unit and is made available anytime the unit is authorized day room time. Open day room time is typically from approximately 8:30 a.m. to 10:00 p.m. (excluding meal times).

Laundry:

The facility has an adequate number of commercial washers and dryers to serve the population. The laundry operates on a seven day shift, as every housing unit has laundry service twice per week. Offenders in the renovated housing unit have washers and dryers. A review of the laundry schedule indicated the facility provides laundry services to meet or exceed ACA Standard. Team members checked the property and storage areas for uniforms, sheets, blankets, etc., and found an adequate inventory of all items.

F. Examination of Records

Following the facility tour, the team proceeded to the Conference Room to review the accreditation files and evaluate compliance levels of the policies and procedures. The facility has zero notices of non-compliance with local, state, or federal laws or regulations.

1. Litigation

Over the last three years, the facility had zero consent decrees, class action lawsuits or adverse judgments.

2. Significant Incidents/Outcome Measures

Outcome measures for the year June 2011 until May 2012 were reviewed by the team. There were no physical assaults on staff by offender with or without a weapon, nor any assaults with weapons offender versus offender. It appears searches and pat-downs are effective. Chemicals were used during each month of this year, as were the Reaction Team; however, the medical referrals during this period were minimal. There were a reasonable number of grievances found in favor of the offenders and no deaths due the year reviewed.

3. Departmental Visits

Team members revisited the following departments to review conditions relating to departmental policy and operations:

<u>Department Visited</u>	<u>Person(s) Contacted</u>
Medical	Chandra Pecaut, RN Michelle Davalos, LPN Dr. Yang Kim Mike Keegan, H.S.A. Jenofer Bibbiano, MSW Sonya Thomas, LPN Stephanie Gordon, LPN Linda Murbach, LPN
Security	Dan Holt, Sgt. Theodore Uchik, Lt. Daniel Sheline, Sgt. Charles Davis, Sgt. Joe Mendez, Booking
Maintenance Office	Robert Kenyon
Program Manager	Rick Riddle
Food Service Manager	Keith Kobnke
Administration	Randall Simpson
Classification	Rich Gierlach

4. Shifts

a. Day Shift

The team was present at the facility during the day shift which begins at 7:00 a.m. and ends at 3:00 p.m. During this time the tour was completed, the majority of the standards were reviewed, and on the second day departments were revisited. Interviews were also conducted with staff and offenders.

b. Evening Shift

This shift starts at 3:00 p.m. and ends at 11:00 p.m.; the team was at the facility during this period. The night shift briefing and the roll call was attended, visits made to the medical area, and day-to-day operations of this shift were observed. Offenders and staff were interviewed, living units were visited, and most standards were reviewed during this time on the second day of the audit.

c. Night Shift

Team members were present during this shift, which starts at 11:00 p.m. and ends at 7:00 a.m.

The first shift roll call and briefing was observed. The food service area was re-visited, and a breakfast meal was eaten by an auditor. Living units were revisited, and staff and offenders were interviewed.

5. Status of Previously Non-compliant Standards/Plans of Action

The team reviewed the status of standards previously found non-compliant, for which a waiver was not granted, and found the following:

Standard #4-ALDF-5C-01 Remains in non-compliance

Standard #4-ALDF-6C-01 Is now in compliance

Standard #4-ALDF-7B-06 Is now in compliance

Standard #4-ALDF-7D-01 Is now in compliance

Standard #4-ALDF-7D-02 Is now in compliance

G. Interviews

During the course of the audit, team members met with both staff and offenders to verify observations and/or to clarify questions concerning facility operations.

1. Offender Interviews

Auditors interviewed approximately 35 offenders during the visit. These individuals were in all age groups and represented all ethnic groups in the population. There were the usual complaints regarding food service, but the majority of the offenders interviewed maintained that food served was satisfactory. There were no complaints relative to medical care, the commissary, visitation, or recreation. The offenders interviewed were very responsive and appeared to enjoy talking to the team. As noted in the demographics, the relatively short average stay for the facility may contribute to the responses made during offender interviews.

2. Staff Interviews

There was approximately 35 staff interviewed by team members during the audit. These interviews were conducted with staff in all major departments and jobs with a variety of responsibilities. There were no negative remarks made to the team regarding the day-do-day operation of the facility, or the individuals on the upper level management team. All interviewees talked freely and were professional during these contacts. Most staff is members of a union and it appears that when an employee has a formal complaint, it goes to the Union Representative.

H. Exit Discussion

The exit interview was held at 11:30 a.m. in the Conference Room with the Chief of Corrections and eight staff in attendance.

There were no additional persons in attendance.

The chairperson explained the procedures that would follow the audit. The team discussed the compliance levels of the mandatory and non-mandatory standards and reviewed their individual findings with the group.

The chairperson expressed appreciation for the cooperation of everyone concerned and congratulated the facility team for the progress made and encouraged them to continue to strive toward even further professionalism within the correctional field.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

AND THE

AMERICAN CORRECTIONAL ASSOCIATION

COMPLIANCE TALLY

Manual Type	Adult Local Detention Facilities, (ALDF), Fourth Edition	
Supplement	2010 Standards Supplement	
Facility/Program	Lake County Sheriff Adult Correctional Facility	
Audit Dates	July 9-11, 2012	
Auditor(s)	Robert Conley, Chairperson; Sandra Amoia Kowalczyk, Member; Hugh Daley, Member	
	MANDATORY	NON-MANDATORY
Number of Standards in Manual	59	325
Number Not Applicable	1	30
Number Applicable	58	295
Number Non-Compliance	0	4
Number in Compliance	58	291
Percentage (%) of Compliance	100%	98.6%
<ul style="list-style-type: none"> ● Number of Standards <i>minus</i> Number of Not Applicable <i>equals</i> Number Applicable ● Number Applicable <i>minus</i> Number Non-Compliance <i>equals</i> Number Compliance ● Number Compliance <i>divided by</i> Number Applicable <i>equals</i> Percentage of Compliance 		

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Lake County Sheriff's Office
Lake County Sheriff Adult Correctional Facility
Waukegan, Illinois

July 9-11, 2012

Visiting Committee Findings

Non-Mandatory Standards

Non-Compliance

Standard #4-ALDF-1A-04

THE FACILITY IS CLEAN AND IN GOOD REPAIR. A HOUSEKEEPING AND MAINTENANCE PLAN ADDRESSES ALL FACILITY AREAS AND PROVIDES FOR DAILY HOUSEKEEPING AND REGULAR MAINTENANCE BY ASSIGNING SPECIFIC DUTIES AND RESPONSIBILITIES TO STAFF AND INMATES.

FINDINGS:

The Facility does not have a housekeeping plan for all areas.

AGENCY RESPONSE

Plan of Action

Our housekeeping plan will be revised and a more detailed plan will be included in our policy.

Task

- a. Revise the housekeeping plan.
- b. Revise the policy containing the housekeeping plan.

Responsible Agency

Lake County Sheriff's Office, Adult Correctional Division

Assigned Staff

Accreditation Manager – Sgt. Daniel Sheline

Anticipated Completion Date

This was completed on 19 July 2012

AUDITOR'S RESPONSE

Auditor agrees with plan of action.

Standard #4-ALDF-1A-16 Revised August 2006.

ALL INMATE ROOMS/CELLS PROVIDE THE OCCUPANTS WITH ACCESS TO NATURAL LIGHT BY MEANS OF AT LEAST THREE SQUARE FEET OF TRANSPARENT GLAZING, PLUS TWO ADDITIONAL SQUARE FEET OF TRANSPARENT GLAZING PER INMATE IN ROOMS/CELLS WITH THREE OR MORE INMATES. (RENOVATION, ADDITION, NEW CONSTRUCTION ONLY)

FINDINGS:

New construction living areas does not have enough windows to provide natural light to meet the standard.

AGENCY RESPONSE

Waiver Request

The renovation of the two dormitory units in question was performed prior to our first accreditation. The ACA standards were not known and therefore were not applied during renovation. Due to budgetary constraints and the enormous costs involved to add the required amount of windowing, our parent agency will not request the necessary funds from the Lake County Board to renovate these two dormitory units.

Inmates are authorized to request transfer out of these dormitories if they are not satisfied with the living conditions in these two dormitories.

There are windows and the inmates do occasionally look out of them but there has never been a grievance, complaint or request for transfer from the housing unit.

AUDITOR'S RESPONSE

Auditor agrees with waiver request. It does not appear feasible to ask for this to be funded due to the budget constraints.

Standard #4-ALDF-2B-05

SPACE IS PROVIDED FOR THE SECURE STORAGE OF LESS LETHAL DEVICES AND RELATED SECURITY EQUIPMENT. ACCESS IS RESTRICTED TO AUTHORIZED PERSONS ONLY, AND THE STORAGE SPACE IS LOCATED IN AN AREA SEPARATE AND APART FROM INMATE HOUSING OR ACTIVITY AREAS.

FINDINGS:

Chemical agents and less than lethal weapons were stored under a stairwell which was adjacent to an offender living area. This was a violation of policy as it was to be stored in the area which is off-limits to offenders exercise areas.

AGENCY RESPONSE

Plan of Action

All less lethal devices and related security equipment will be moved back to the 2nd floor inside a locked room inside the secure staff gymnasium where there are no nearby inmate areas. Entry to the secure staff gym can only be granted through Central Control, after audio and visual identification verification.

Task

Move all less lethal devices and related security equipment to an area further away from inmate living area.

Responsible Agency

Lake County Sheriff's Office, Adult Correctional Division

Assigned Staff

Correctional Response Team (CRT) Commander – Lt. Nicholas Kalfas

Anticipated Completion Date

This was completed on 19 July 2012

AUDITOR'S RESPONSE

Auditor agrees with Plan of Action.

Standard #4-ALDF-5C-01

INMATES HAVE ACCESS TO EXERCISE OPPORTUNITIES AND EQUIPMENT, INCLUDING AT LEAST ONE-HOUR DAILY OF PHYSICAL EXERCISE OUTSIDE THE CELL, AND OUTDOORS WHEN WEATHER PERMITS.

FINDINGS:

Two living units, 2 East and two West have no outside.

AGENCY RESPONSE

Waiver Request

The renovation of the two dormitory units in question was performed prior to our first accreditation. The ACA standards were not known and therefore were not applied during renovation. There is no physical space for any expansion for an outside recreation as we are bordered by a road on that side of the building.

Inmates are authorized to request transfer out of these dormitories if they desire to be assigned to a unit that has an outside recreation area.

There has never been a grievance, complaint or request for transfer from the housing unit.

This waiver was previously granted.

AUDITOR'S RESPONSE

The auditor denies waiver, and requests a Plan of Action to make this standard compliant.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Lake County Sheriff's Office
Lake County Sheriff Adult Correctional Facility
Waukegan, Illinois

July 9-11, 2012

Visiting Committee Findings

Mandatory Standards

Not Applicable

Standard #4-ALDF-4C-23 (MANDATORY)

ALL INTRA-SYSTEM TRANSFER INMATES RECEIVE A HEALTH SCREENING BY HEALTH-TRAINED OR QUALIFIED HEALTH CARE PERSONNEL, WHICH COMMENCES ON THEIR ARRIVAL AT THE FACILITY. ALL FINDINGS ARE RECORDED ON A SCREENING FORM APPROVED BY THE HEALTH AUTHORITY. AT A MINIMUM, THE SCREENING INCLUDES THE FOLLOWING:

INQUIRY INTO:

- WHETHER THE INMATE IS BEING TREATED FOR A MEDICAL OR DENTAL PROBLEM
- WHETHER THE INMATE IS PRESENTLY ON MEDICATION
- WHETHER THE INMATE HAS A CURRENT MEDICAL OR DENTAL COMPLAINT

OBSERVATION OF:

- GENERAL APPEARANCE AND BEHAVIOR
- PHYSICAL DEFORMITIES
- EVIDENCE OF ABUSE OR TRAUMA

MEDICAL DISPOSITION OF INMATES:

- CLEARED FOR GENERAL POPULATION
- CLEARED FOR GENERAL POPULATION WITH APPROPRIATE REFERRAL TO HEALTH CARE SERVICE
- REFERRAL TO APPROPRIATE HEALTH CARE SERVICE FOR SERVICE FOR EMERGENCY TREATMENT

FINDINGS:

The Lake County Jail does not accept intra-system inmates

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Lake County Sheriff's Office
Lake County Sheriff Adult Correctional Facility
Waukegan, Illinois

July 9-11, 2012

Visiting Committee Findings

Non-Mandatory Standards

Not Applicable

Standard #4-ALDF-1B-02

THE USE OF PERSONAL VEHICLES FOR OFFICIAL PURPOSES IS GOVERNED BY POLICY AND PROCEDURES THAT INCLUDE PROVISIONS FOR INSURANCE COVERAGE.

FINDINGS:

Personal vehicles are not used for official business

Standard #4-ALDF-2A-38

IF YOUTHFUL OFFENDERS ARE HOUSED IN THE FACILITY, THEY ARE HOUSED IN A SPECIALIZED UNIT FOR YOUTHFUL OFFENDERS EXCEPT WHEN:

- VIOLENT, PREDATORY YOUTHFUL OFFENDER POSES AN UNDUE RISK OF HARM TO OTHERS WITHIN THE SPECIALIZED UNIT, OR
- A QUALIFIED MEDICAL OR MENTAL-HEALTH SPECIALIST DOCUMENTS THAT THE YOUTHFUL OFFENDER WOULD BENEFIT FROM PLACEMENT OUTSIDE THE UNIT

A WRITTEN STATEMENT IS PREPARED DESCRIBING THE SPECIFIC REASONS FOR HOUSING A YOUTHFUL OFFENDER OUTSIDE THE SPECIALIZED UNIT AND A CASE-MANAGEMENT PLAN SPECIFYING WHAT BEHAVIORS NEED TO BE MODIFIED AND HOW THE YOUTHFUL OFFENDER MAY RETURN TO THE UNIT. THE STATEMENT OF REASONS AND CASE-MANAGEMENT PLAN MUST BE APPROVED BY THE FACILITY ADMINISTRATOR OR HIS/HER DESIGNEE.

CASES ARE REVIEWED AT LEAST QUARTERLY BY THE CASE MANAGER, THE ADMINISTRATOR OR HIS OR HER DESIGNEE, AND THE YOUTHFUL OFFENDER TO DETERMINE WHETHER A YOUTHFUL OFFENDER SHOULD BE RETURNED TO THE SPECIALIZED UNIT.

FINDINGS:

LCJ does not house youthful offenders

Standard #4-ALDF-2A-39

DIRECT SUPERVISION IS EMPLOYED IN THE SPECIALIZED UNIT TO ENSURE THE SAFETY AND SECURITY OF YOUTHFUL OFFENDERS.

FINDINGS:

LCJ does not house youthful offenders

Standard #4-ALDF-2A-40

CLASSIFICATION PLANS FOR YOUTHFUL OFFENDERS DETERMINE LEVEL OF RISK AND PROGRAM NEEDS DEVELOPMENTALLY APPROPRIATE FOR ADOLESCENTS. CLASSIFICATION PLANS INCLUDE CONSIDERATION OF PHYSICAL, MENTAL, SOCIAL, AND EDUCATIONAL MATURITY OF THE YOUTHFUL OFFENDER.

FINDINGS:

LCJ does not house youthful offenders

Standard #4-ALDF-2A-41

ADEQUATE PROGRAM SPACE IS PROVIDED TO MEET THE PHYSICAL, SOCIAL, AND EMOTIONAL NEEDS OF YOUTHFUL OFFENDERS AND ALLOWS FOR THEIR PERSONAL INTERACTIONS AND GROUP ORIENTED ACTIVITIES.

FINDINGS:

LCJ does not house youthful offenders

Standard #4-ALDF-2A-42

YOUTHFUL OFFENDERS IN THE SPECIALIZED UNIT FOR YOUTHFUL INMATES HAVE NO MORE THAN INCIDENTAL SIGHT OR SOUND CONTACT WITH ADULT INMATES FROM OUTSIDE THE UNIT IN LIVING, PROGRAM, DINING, OR OTHER COMMON AREAS OF THE FACILITY. ANY OTHER SIGHT OR SOUND CONTACT IS MINIMIZED, BRIEF, AND IN CONFORMANCE WITH APPLICABLE LEGAL REQUIREMENTS.

FINDINGS:

LCJ does not house youthful offenders

Standard #4-ALDF-2A-43

PROGRAM PERSONNEL WHO WORK WITH YOUTHFUL OFFENDERS ARE TRAINED IN THE DEVELOPMENTAL, SAFETY, AND OTHER SPECIFIC NEEDS OF YOUTHFUL OFFENDERS. WRITTEN JOB DESCRIPTIONS AND QUALIFICATIONS REQUIRE TRAINING FOR STAFF WHO ARE RESPONSIBLE FOR PROGRAMMING OF YOUTHFUL OFFENDERS IN THE SPECIALIZED UNIT BEFORE BEING ASSIGNED TO WORK WITH YOUTHFUL OFFENDERS. TRAINING INCLUDES, BUT IS NOT LIMITED TO THE FOLLOWING AREAS:

- ADOLESCENT DEVELOPMENT
- EDUCATIONAL PROGRAMMING
- CULTURAL AWARENESS
- CRISIS PREVENTION AND INTERVENTION
- LEGAL ISSUES
- HOUSING AND PHYSICAL PLANT
- POLICIES AND PROCEDURES
- MANAGEMENT OF, AND PROGRAMMING FOR, SEX OFFENDERS
- SUBSTANCE-ABUSE SERVICES
- COGNITIVE BEHAVIORAL INTERVENTIONS, INCLUDING ANGER MANAGEMENT, SOCIAL-SKILLS TRAINING, PROBLEM SOLVING
- RESISTING PEER PRESSURE
- SUICIDE PREVENTION
- NUTRITION
- MENTAL-HEALTH ISSUES
- GENDER-SPECIFIC ISSUES
- CASE-MANAGEMENT PLANNING AND IMPLEMENTATION

FINDINGS:

LCJ does not house youthful offenders

Standard #4-ALDF-4C-09

IF INFIRMARY CARE IS PROVIDED ONSITE, IT INCLUDES, AT A MINIMUM, THE FOLLOWING:

- DEFINITION OF THE SCOPE OF INFIRMARY CARE SERVICES AVAILABLE
- A PHYSICIAN ON CALL OR AVAILABLE 24 HOURS PER DAY
- HEALTH CARE PERSONNEL HAVE ACCESS TO A PHYSICIAN OR A REGISTERED NURSE AND ARE ON DUTY 24 HOURS PER DAY WHEN PATIENTS ARE PRESENT
- ALL INMATES/PATIENTS ARE WITHIN SIGHT OR SOUND OF A STAFF MEMBER
- AN INFIRMARY CARE MANUAL THAT INCLUDES NURSING CARE PROCEDURES
- AN INFIRMARY RECORD THAT IS A SEPARATE AND DISTINCT SECTION OF THE COMPLETE MEDICAL RECORD
- COMPLIANCE WITH APPLICABLE STATE STATUTES AND LOCAL LICENSING REQUIREMENTS

FINDINGS:

The Facility does not have an infirmary

Standard #4-ALDF-5B-15

WHEN A PRETRIAL INTERVENTION PROGRAM, DIVERSION PROGRAM, PRETRIAL RELEASE PROGRAM, OR SUPERVISED RELEASE PROGRAM IS CONDUCTED IN THE FACILITY, SUFFICIENT STAFF, SPACE, AND EQUIPMENT ARE PROVIDED TO SERVICE THE PROGRAM.

FINDINGS:

Facility is not authorized to operate these programs

Standard #4-ALDF-5B-16

WHERE TEMPORARY RELEASE PROGRAMS EXIST, THE PROGRAMS HAVE THE FOLLOWING ELEMENTS:

- WRITTEN OPERATIONAL PROCEDURES
- CAREFUL SCREENING AND SELECTION PROCEDURES
- WRITTEN RULES OF INMATE CONDUCT
- A SYSTEM FOR EVALUATING PROGRAM EFFECTIVENESS
- EFFORTS TO OBTAIN COMMUNITY COOPERATION AND SUPPORT

FINDINGS:

Facility is not authorized to operate these programs

Standard #4-ALDF-5B-17

WHERE WORK RELEASE AND/OR EDUCATIONAL RELEASE ARE AUTHORIZED, THE FACILITY ADMINISTRATOR HAS AUTHORITY TO APPROVE OR DISAPPROVE PARTICIPATION FOR EACH INMATE.

FINDINGS:

Facility is not authorized to operate these programs

Standard #4-ALDF-5C-09

WHERE STATUTE PERMITS, INMATES ARE ASSIGNED TO PUBLIC WORKS AND COMMUNITY SERVICE PROJECTS.

FINDINGS:

State statute does not allow the use of offenders for public works and community assistance projects

Standard #4-ALDF-5C-13

WHERE AN INDUSTRIES PROGRAM EXISTS, ITS ESTABLISHMENT IS AUTHORIZED AND AREAS OF AUTHORITY, RESPONSIBILITY, AND ACCOUNTABILITY ARE DELINEATED.

FINDINGS:

There is no industry at the Lake County Jail

Standard #4-ALDF-5C-14

THE NUMBER OF INMATES ASSIGNED TO INDUSTRIES OPERATIONS MEETS THE REALISTIC WORKLOAD NEEDS OF EACH OPERATING UNIT.

FINDINGS:

There is no industry at the Lake County Jail

Standard #4-ALDF-5C-15

THERE IS A COMPREHENSIVE QUALITY CONTROL PROCESS.

FINDINGS:

There is no industry at the Lake County Jail

Standard #4-ALDF-5C-16

A COST ACCOUNTING SYSTEM FOR EACH INDUSTRIES UNIT IS DESIGNED, IMPLEMENTED, AND MAINTAINED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.

FINDINGS:

There is no industry at the Lake County Jail

Standard #4-ALDF-6B-06 Revised August 2008

UNLESS PROHIBITED BY STATE LAW, OFFENDERS (UNDER STAFF SUPERVISION) MAY PERFORM FAMILIAL DUTIES COMMENSURATE WITH THEIR LEVEL OF TRAINING. THESE DUTIES INCLUDE:

- PEER SUPPORT AND EDUCATION
- HOSPICE ACTIVITIES
- ASSIST IMPAIRED OFFENDERS ON A ONE-ON-ONE BASIS WITH ACTIVITIES OF DAILY LIVING
- SUICIDE COMPANION OR BUDDY IF QUALIFIED AND TRAINED THROUGH A FORMAL PROGRAM THAT IS PART OF SUICIDE PREVENTION PLAN
- HANDLING DENTAL INSTRUMENTS FOR THE PURPOSE OF SANITIZING AND CLEANING, WHEN DIRECTLY SUPERVISED AND IN COMPLIANCE WITH APPLICABLE TOOL CONTROL POLICIES, WHILE IN A DENTAL ASSISTANTS TRAINING PROGRAM CERTIFIED BY THE STATE DEPARTMENT OF EDUCATION OR OTHER COMPARABLE APPROPRIATE AUTHORITY

OFFENDERS ARE NOT TO BE USED FOR THE FOLLOWING DUTIES:

- PERFORMING DIRECT PATIENT CARE SERVICES
- SCHEDULING HEALTH CARE APPOINTMENTS
- DETERMINING ACCESS OF OTHER OFFENDERS TO HEALTH CARE SERVICES
- HANDLING OR HAVING ACCESS TO SURGICAL INSTRUMENTS, SYRINGES, NEEDLES, MEDICATIONS OR HEALTH RECORDS
- OPERATING DIAGNOSTIC OR THERAPEUTIC EQUIPMENT EXCEPT UNDER DIRECT SUPERVISION (BY SPECIALLY TRAINED STAFF) IN A VOCATIONAL TRAINING PROGRAM

FINDINGS:

Facility does not house offenders who cannot perform basic life functions

Standard #4-ALDF-4C-39

WHEN INMATES HAVE NONPRESCRIPTION MEDICATIONS AVAILABLE OUTSIDE OF HEALTH SERVICES, THE ITEMS, AND ACCESS, ARE APPROVED JOINTLY BY THE FACILITY ADMINISTRATOR AND THE HEALTH AUTHORITY. THE ITEMS AND ACCESS ARE REVIEWED ANNUALLY BY THE HEALTH AUTHORITY AND ADMINISTRATOR.

FINDINGS:

These items are not sold in the commissary

Standard #4-ALDF-7F-07

IF VOLUNTEERS ARE USED IN THE DELIVERY OF HEALTH CARE, THERE IS A DOCUMENTED SYSTEM FOR SELECTION, TRAINING, STAFF SUPERVISION, FACILITY ORIENTATION, AND A DEFINITION OF TASKS, RESPONSIBILITIES AND AUTHORITY THAT IS APPROVED BY THE HEALTH AUTHORITY. VOLUNTEERS MAY ONLY PERFORM DUTIES CONSISTENT WITH THEIR CREDENTIALS AND TRAINING. VOLUNTEERS AGREE IN WRITING TO ABIDE BY ALL FACILITY POLICIES, INCLUDING THOSE RELATING TO THE SECURITY AND CONFIDENTIALITY OF INFORMATION.

FINDINGS:

Volunteers are not used in the delivery of health services

Standard #4-ALDF-4C-37

INMATES HAVE ACCESS TO A CHEMICAL DEPENDENCY TREATMENT PROGRAM. WHEN A CHEMICAL DEPENDENCY PROGRAM EXISTS, THE CLINICAL MANAGEMENT OF CHEMICALLY DEPENDENT INMATES INCLUDES AT A MINIMUM THE FOLLOWING:

- A STANDARDIZED DIAGNOSTIC NEEDS ASSESSMENT ADMINISTERED TO DETERMINE THE EXTENT OF USE, ABUSE, DEPENDENCY, AND/OR CODEPENDENCY
- AN INDIVIDUALIZED TREATMENT PLAN DEVELOPED AND IMPLEMENTED BY A MULTIDISCIPLINARY CLINICAL TEAM THAT INCLUDES MEDICAL, MENTAL HEALTH, AND SUBSTANCE ABUSE PROFESSIONALS
- PRERELEASE RELAPSE-PREVENTION EDUCATION, INCLUDING RISK MANAGEMENT
- INMATE INVOLVEMENT IN AFTERCARE DISCHARGE PLANS

FINDINGS:

The Facility does not have a chemical dependency program

Standard #4-ALDF-4D-04

A HEALTH-TRAINED STAFF MEMBER COORDINATES THE HEALTH DELIVERY SERVICES UNDER THE JOINT SUPERVISION OF THE RESPONSIBLE HEALTH AUTHORITY AND FACILITY ADMINISTRATOR, WHEN QUALIFIED HEALTH CARE PERSONNEL ARE NOT ON DUTY.

FINDINGS:

Health care staff are present at all times

Standard #4-ALDF-4D-10

ANY STUDENTS, INTERNS, OR RESIDENTS DELIVERING HEALTH CARE IN THE FACILITY, AS PART OF A FORMAL TRAINING PROGRAM, WORK UNDER STAFF SUPERVISION COMMENSURATE WITH THEIR LEVEL OF TRAINING. THERE IS A WRITTEN AGREEMENT BETWEEN THE FACILITY AND TRAINING OR EDUCATIONAL FACILITY THAT COVERS THE SCOPE OF WORK, LENGTH OF AGREEMENT, AND ANY LEGAL OR LIABILITY ISSUES. STUDENTS OR INTERNS AGREE IN WRITING TO ABIDE BY ALL FACILITY POLICIES, INCLUDING THOSE RELATING TO THE SECURITY AND CONFIDENTIALITY OF INFORMATION.

FINDINGS:

Facility does not use students, interns or residents to deliver health care

Standard #4-ALDF-4D-11

UNLESS PROHIBITED BY STATE LAW, INMATES, UNDER STAFF SUPERVISION, MAY PERFORM FAMILIAL DUTIES COMMENSURATE WITH THEIR LEVEL OF TRAINING. THESE DUTIES MAY INCLUDE THE FOLLOWING:

- PEER SUPPORT AND EDUCATION
- HOSPICE ACTIVITIES
- ASSISTING IMPAIRED INMATES ON A ONE-ON-ONE BASIS WITH ACTIVITIES OF DAILY LIVING
- SERVING AS A SUICIDE COMPANION IF QUALIFIED AND TRAINED THROUGH A FORMAL PROGRAM THAT IS PART OF A SUICIDE PREVENTION PLAN

INMATES ARE NOT TO BE USED FOR THE FOLLOWING DUTIES:

- PERFORMING DIRECT PATIENT CARE SERVICES
- SCHEDULING HEALTH CARE APPOINTMENTS
- DETERMINING ACCESS OF OTHER INMATES TO HEALTH CARE SERVICES
- HANDLING OR HAVING ACCESS TO SURGICAL INSTRUMENTS, SYRINGES, NEEDLES, MEDICATIONS, OR HEALTH RECORDS
- OPERATING DIAGNOSTIC OR THERAPEUTIC EQUIPMENT EXCEPT UNDER DIRECT SUPERVISION, BY SPECIALLY TRAINED STAFF, IN A VOCATIONAL TRAINING PROGRAM

FINDINGS:

Offenders are not used to perform familial duties

Standard #4-ALDF-5A-05

THERE IS A TREATMENT PHILOSOPHY WITHIN THE CONTEXT OF THE TOTAL CORRECTIONAL SYSTEM AS WELL AS GOALS AND MEASURABLE OBJECTIVES. THESE DOCUMENTS ARE REVIEWED AT LEAST ANNUALLY AND UPDATED AS NEEDED.

FINDINGS:

Lake County Jail does not have a therapeutic community

Standard #4-ALDF-5A-06

THERE IS AN APPROPRIATE RANGE OF PRIMARY TREATMENT SERVICES FOR ALCOHOL AND OTHER SUBSTANCE-ABUSING INMATES THAT INCLUDE, AT A MINIMUM, THE FOLLOWING:

- INMATE DIAGNOSIS
- IDENTIFIED PROBLEM AREAS
- INDIVIDUAL TREATMENT OBJECTIVES
- TREATMENT GOALS
- COUNSELING NEEDS
- DRUG EDUCATION PLAN
- RELAPSE PREVENTION AND MANAGEMENT
- CULTURALLY SENSITIVE TREATMENT OBJECTIVES, AS APPROPRIATE
- THE PROVISION OF SELF-HELP GROUPS AS AN ADJUNCT TO TREATMENT
- PRERELEASE AND TRANSITIONAL SERVICE NEEDS

- COORDINATION EFFORTS WITH COMMUNITY SUPERVISION AND TREATMENT STAFF DURING THE PRERELEASE PHASE TO ENSURE A CONTINUUM OF SUPERVISION AND TREATMENT

FINDINGS:

Lake County Jail does not have a therapeutic community

Standard #4-ALDF-5A-07

THE FACILITY USES A COORDINATED STAFF APPROACH TO DELIVER TREATMENT SERVICES. THIS APPROACH TO SERVICE DELIVERY IS DOCUMENTED IN TREATMENT PLANNING CONFERENCES AND IN INDIVIDUAL TREATMENT FILES.

FINDINGS:

Lake County Jail does not have a therapeutic community

Standard #4-ALDF-5A-08

THERE ARE INCENTIVES FOR TARGETED TREATMENT PROGRAMS TO INCREASE AND MAINTAIN THE INMATE'S MOTIVATION FOR TREATMENT.

FINDINGS:

Lake County Jail does not have a therapeutic community

Standard #4-ALDF-5A-10

IN FACILITIES OFFERING ACADEMIC AND VOCATIONAL TRAINING PROGRAMS, CLASSROOMS ARE DESIGNED IN CONSULTATION WITH SCHOOL AUTHORITIES. (RENOVATION, ADDITION, NEW CONSTRUCTION ONLY)

FINDINGS:

No new classrooms have been added since original construction

Standard #4-ALDF-5B-14

WHEN THE FACILITY IS DESIGNATED TO OPERATE ANY TYPE OF PRETRIAL INTERVENTION SERVICE OR OTHER RELEASE PROGRAMS, ITS AUTHORITY AND RESPONSIBILITY ARE STATED BY STATUTE OR ADMINISTRATIVE REGULATION.

FINDINGS:

Facility has no pre-trial services

Significant Incident Summary

This summary is required to be provided to the chair of your audit team upon their arrival. The information contained on this form will also be summarized in the narrative portion of the visiting committee report and will be incorporated into the final report. It should contain data for the last 12 months; indicate those months in the boxes provided. Please type the data. If you have questions on how to complete the form, please contact your regional manager.

Facility: Lake County Sheriff's Adult Correctional Facility, Waukegan, IL Year: 6/2011 – 5/2012

		Months											
		JUN 2011	JUL 2011	AUG 2011	SEP 2011	OCT 2011	NOV 2011	DEC 2011	JAN 2012	FEB 2012	MAR 2012	APR 2012	MAY 2012
Incidents													
	Assault: Offenders/ Offenders*	Indicate types (sexual**, physical, etc.)	Phy	Phy	Phy	Phy	Phy	Phy	Phy	Phy	Phy	Phy	Phy
	# With Weapon	0	0	0	0	0	0	0	0	0	0	0	0
	# Without Weapon	3	5	4	3	2	5	4	7	6	3	2	0
Assault: Offender/ Staff	Indicate types (sexual**, physical, etc.)	Phy	Phy	Phy	Phy	Phy	Phy	Phy	Phy	Phy	Phy	Phy	Phy
	# With Weapon	0	0	0	0	0	0	0	0	0	0	0	0
	# Without Weapon	0	0	0	0	0	0	0	0	0	0	0	0
Number of Forced Moves Used***	(Cell extraction or other forced relocation of offenders)	0	1	0	0	0	0	1	0	0	0	0	0
Disturbances****		0	0	0	0	0	0	0	0	0	0	0	0
Number of Times Chemical Agents Used		4	5	7	6	9	7	6	4	4	1	3	6
Number of Times Special Reaction Team Used	Includes High Risk Internal and External Transports and High Risk Shakedowns	11	13	4	9	7	7	9	10	18	9	12	16
Four/Five Point Restraints	Number	0	0	0	0	1	0	0	0	0	0	0	0
	Indicate type (chair, bed, board, etc.)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Offender Medical Referrals as a Result of Injuries Sustained	#'s should reflect incidents on this form, not rec or other source	1	3	2	1	1	3	2	4	3	0	1	0
Escapes	# Attempted	0	0	0	0	0	0	0	0	0	0	0	0
	# Actual	0	0	0	0	0	0	0	0	0	0	0	0
Substantiated Grievances (resolved in favor of offender)	Reason (medical, food, religious, etc.)	See Page 2											
	Number	See Page 2											
Deaths	Reason (violent, illness, suicide, etc.)	0	0	0	0	0	0	0	0	0	0	0	0
	Number	0	0	0	0	0	0	0	0	0	0	0	0

*Any physical contact that involves two or more offenders

**Oral, anal or vaginal copulation involving at least two parties

***Routine transportation of offenders is not considered "forced"

****Any incident that involves four or more offenders. Includes gang fights, organized multiple hunger strikes, work stoppages, hostage situations, major fires, or other large scale incidents



Page 2 to Significant Incident Summary
*Substantiated Grievances

JAN (2 Total) 1 Disciplinary, 1 Sanitation

FEB (7 Total) 2 Food, 1 Property, 2 Mail, 2 Hygiene

MAR (5 Total) 1 Staff Conduct, 1 Property, 2 Sanitation, 1 Mail

APR (1 Total) 1 Property

MAY (4 Total) 1 Sanitation, 1 Mail, 1 Disciplinary, 1 Hygiene

JUN (2 Total) 1 Staff Conduct, 1 Food

JUL (1 Total) 1 Staff Conduct,

AUG (4 Total) 2 Mail, 1 Sanitation, 1 Disciplinary

SEP (3 Total) 1 Property, 1 Hygiene, 1 Food

OCT (3 Total) 1 Mail, 1 Disciplinary, 1 Property

NOV (6 Total) 1 Sanitation, 1 Disciplinary, 4 Mail

DEC (6 Total) 1 Staff Conduct, 2 Food, 1 Sanitation, 1 Property, 1 Hygiene

Facility: Lake County Adult Correctional Facility, Waukegan, IL
 Number of Months Data Collected: 12 June 2011 to May 2012

Date: 1 June 2012

Health Care Outcome Measures Worksheet				
4C		Inmates maintain good health. Inmates have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.		
	(1)	Number of inmates with a positive tuberculin skin test on admission in the past 12 months.	158	
	Divided by	The number of admissions in the past 12 months.	11479	.014
	(2)	Number of inmates diagnosed with active tuberculosis in the past 12 months.	0	
	Divided by	The average daily population in the past 12 months.	655	0
	(3)	Number of conversions to a positive tuberculin skin test in the past 12 months.	0	
	Divided by	The number of tuberculin skin tests given in the past 12 months.	2427	0
	(4)	Number of inmates with a positive tuberculin skin test who complete prophylaxis treatment for tuberculosis in the past 12 months.	0	
	Divided by	The number of inmates with a positive tuberculin skin test on prophylaxis treatment for tuberculosis in the past 12 months.	0	0
	(5)	Number of Hepatitis C positive inmates in the past 12 months.	32	
	Divided by	The average daily population in the past 12 months.	655	.049
	(6)	Number of HIV positive inmates in the past 12 months.	10	
	Divided by	The average daily population in the past 12 months.	655	.015

	(7)	Number of HIV positive inmates who are being treated with highly active antiretroviral treatment in the past 12 months.	10	
	Divided by	The number of known HIV positive inmates in the past 12 months.	10	1
	(8)	Number of inmates diagnosed with an Axis I (excluding sole diagnosis of substance abuse) in the past 12 months.	510	
	Divided by	The average daily population in the past 12 months.	655	.779
	(9)	Number of inmate suicide attempts in the past 12 months.	2	
	Divided by	The average daily population in the past 12 months.	655	.003
	(10)	Number of inmate suicides in the past 12 months.	0	
	Divided by	The average daily population in the past 12 months.	655	0
	(11)	Number of inmate deaths due to homicide in the past 12 months.	0	
	Divided by	The average daily population in the past 12 months.	655	0
	(12)	Number of inmate deaths due to injuries in the past 12 months.	0	
	Divided by	The average daily population in the past 12 months.	655	0
	(13)	Number of medically expected inmate deaths in the past 12 months.	0	
	Divided by	The average daily population in the past 12 months.	655	0
	(14)	Number of medically unexpected inmate deaths in the past 12 months.	0	
	Divided by	The average daily population in the past 12 months.	655	0
	(15)	Number of inmate admissions to the infirmary (where available) in the past 12 months.	0	
	Divided by	The average daily population in the past 12 months.	655	0
	(16)	Number of inmate admissions to off-site hospitals in the past 12 months.	16	
	Divided by	The average daily population in the past 12 months.	655	.024

	(17)	Number of inmates transported off-site (via an ambulance or correctional vehicle) for treatment of emergency health conditions in the past 12 months.	55	
	Divided by	The average daily population in the past 12 months.	655	.083
	(18)	Number of inmate specialty consults completed in the past 12 months.	89	
	Divided by	The number of specialty consults (on-site or off-site) ordered by primary health care provider (MD, NP, PA) in the past 12 months.	89	1
	(19)	Number of inmate grievances about access to health care services found in favor of the inmate in the past 12 months.	2	
	Divided by	The number of inmate grievances about access to healthcare services in the past 12 months.	31	.065
	(20)	Number of inmate grievances related to the quality of health care found in favor of inmates in the past 12 months.	2	
	Divided by	The number of inmate grievances related to the quality of health care in the past 12 months.	34	.069
	(21)	Number of inmates' lawsuits about access to healthcare services found in favor of inmates in the past 12 months.	0	
	Divided by	The number of inmate's lawsuits about access to healthcare services in the past 12 months.	0	0
	(22)	Number of individual sick call encounters in the past 12 months.	4001	
	Divided by	The average daily population in the past 12 months.	655	6.11
	(23)	Number of physician visits in the past 12 months.	1643	
	Divided by	The average daily population in the past 12 months.	655	2.51
	(24)	Number of individualized dental treatment plans in the past 12 months.	672	
	Divided by	The average daily population in the past 12 months.	655	1.03
	(25)	Number of hypertensive inmates enrolled in a chronic care clinic in the past 12 months.	229	
	Divided by	The average daily population in the past 12 months.	655	.35.
	(26)	Number of diabetic inmates enrolled in a chronic care clinic in the past 12 months.	72	

	Divided by	The average daily population in the past 12 months.	655	.11
	(27)	Number of incidents involving pharmaceuticals as contraband in the past 12 months.	0	
	Divided by	The average daily population in the past 12 months.	655	0
	(28)	Number of cardiac diets received by inmates with cardiac disease in the past 12 months.	0	
	Divided by	The number of cardiac diets prescribed in the past 12 months.	0	0
	(29)	Number of hypertensive diets received by inmates with hypertension in the past 12 months.	0	
	Divided by	The number of hypertensive diets prescribed in the past 12 months.	0	0
	(30)	Number of diabetic diets received by inmates with diabetes in the past 12 months.	72	
	Divided by	The number of diabetic diets prescribed in the past 12 months.	72	1
	(31)	Number of renal diets received by inmates with renal disease in the past 12 months.	1	
	Divided by	The number of renal diets prescribed in the past 12 months.	1	1
	(32)	Number of needle-stick injuries in the past 12 months.	2	
	Divided by	The number of employees in the past 12 months.	42	.048
	(33)	Number of pharmacy dispensing errors in the past 12 months.	0	
	Divided by	The number of prescriptions dispensed by the pharmacy in the past 12 months.	7510	0
	(34)	Number of nursing medication administration errors in the past 12 months.	8	
	Divided by	The number of medications administered in the past 12 months.	7510	.001
4D		Health services are provided in a professionally acceptable manner. Staff are qualified, adequately trained, and demonstrate competency in their assigned duties.		
	(1)	Number of staff with lapsed licensure and/or certification in the past 12 months.	0	
	Divided by	The number of licensed or certified staff in the past 12 months.	42	0

	(2)	Number of new employees in the past 12 months who completed orientation training prior to undertaking job assignments.	10	
	Divided by	The number of new employees in the past 12 months.	10	1
	(3)	Number of employees who completed in-service training requirements in the past 12 months.	10	
	Divided by	The number of employees eligible in the past 12 months.	10	1
	(4)	Number of MD staff who left employment in the past 12 months.	0	
	Divided by	The number of authorized MD staff positions in the past 12 months.	1	0
	(5)	Number of RN staff who left employment in the past 12 months.	4	
	Divided by	The number of authorized RN staff positions in the past 12 months.	2	2
	(6)	Number of LPN staff who left employment in the past 12 months.	3	
	Divided by	The number of authorized LPN staff positions in the past 12 months.	12	.25
	(7)	Number of medical records staff who left employment in the past 12 months.	0	
	Divided by	The number of authorized medical records staff positions in the past 12 months.	1	0
	(8)	Number of ancillary staff who left employment in the past 12 months.	0	
	(9)	Number of alleged sexual misconduct incidents between staff and detainees in the past 12 months divided by the average daily population in the past 12 months.	0	
	(10)	Number of alleged sexual misconduct incidents between volunteers and/or contract personnel and detainees in the past 12 months divided by the average daily population in the past 12 months.	0	
	(11)	Number of confirmed sexual misconduct incidents between staff and detainees in the past 12 months divided by the average daily population in the past 12 months.	0	

	(12)	Number of confirmed sexual misconduct incidents between volunteers and/or contract personnel and detainees in the past 12 months divided by the average daily population in the past 12 months.	0	
	(13)	Number of detainees identified as high risk with a history of sexually assaultive behavior in the past 12 months divided by the average daily population in the past 12 months.	0	
	(14)	Number of detainees identified as at risk for sexual victimization in the past 12 months divided by the average daily population in the past 12 months.	0	

Facility: Lake County Adult Correctional Facility, Waukegan, IL

Date: 1 June 2012

Number of Months Data Collected: 12

June 2011 to May 2012

Operations Outcome Measure Worksheet				
Standard	Outcome Measure	Numerator/Denominator	Value	Calculated O.M
1A		The community, staff, contractors, volunteers, and inmates are protected from injury and illness caused by the physical environment.		
	(1)	Number of worker compensation claims filed for injuries that resulted from the physical environment in the past 12 months.	7	
	divided by	Average number of Full-Time Equivalent (FTE) staff positions in the past 12 months	230	.03
	(2)	Number of illnesses requiring medical attention as a result of the physical environment of the facility in the past 12 months.	0	
	divided by	Average daily population in the past 12 months	655	0
	(3)	Number of illnesses requiring medical attention as a result of the physical environment of the facility in the past 12 months.	0	
	divided by	The number of admissions in the past 12 months	11479	0
	(4)	Number of physical injuries or emotional trauma requiring treatment as a result of the physical environment of the facility in the past 12 months.	16	
	divided by	The average daily population in the past 12 months.	655	.02
	(5)	Number of physical injuries or emotional trauma requiring treatment as a result of the physical environment of the facility in the past 12 months.	16	
	divided by	The number of admissions in the past 12 months	11479	.001
	(6)	Number of sanitation or health code violations identified by external agencies in the past 12 months.	8	
	divided by	The average daily population in the past 12 months	655	.01
	(7)	Number of health code violations corrected in the past 12 months.	28	

	divided by	The number of health code violations identified in the past 12 months	28	1
	(8)	Number of inmate grievances related to safety or sanitation found in favor of inmates in the past 12 months.	7	
	divided by	The number of inmate's grievances related to safety or sanitation in the past 12 months.	25	.28
	(9)	Number of fire code violations corrected in the past 12 months.	22	
	divided by	The number of fire code violations cited by jurisdictional authority in the past 12 months.	1	22
	(10)	Number of inmate injuries resulting from fires requiring medical treatment in a 12-month period.	0	
	divided by	The average daily population in the past 12 months.	655	0
	(11)	Number of inmate injuries (other than by fire) requiring medical treatment in the past 12 months.	24	
	divided by	The average daily population of inmates in the past 12 months.	655	.03
	(12)	Number of staff injuries resulting from fires requiring medical treatment in the past 12 months.	0	
	divided by	The average daily population of staff in the past 12 months.	230	0
	(13)	Number of staff injuries (other than fire) requiring medical treatment in the past 12 months.	20	
	divided by	The average daily population of staff in the past 12 months.	230	.09
	(14)	Number of inmate lawsuits related to safety or sanitation found in favor of the inmate in the past 12 months.	0	
	divided by	The number of inmate lawsuits related to safety or sanitation in the past 12 months.	0	0
1B		Vehicles are maintained and operated in a manner that prevents harm to the community, staff, contractors, volunteers, and inmates.		

	(1)	Number of vehicle accidents resulting in property damage in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	655	0
	(2)	Number of vehicle accidents resulting in injuries requiring medical treatment for any party in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	655	0
	(3)	Amount (\$) of damage from vehicle accidents in the past 12 months	0	
	divided by	The average daily population in the past 12 months	655	0
1C		The number and severity of emergencies are minimized. When emergencies occur, the response minimizes the severity.		
	(1)	Number of emergencies, caused by forces external to the facility, that result in property damage in the past 12 months.	0	
	divided by	The number emergencies.	0	0
	(2)	Number of injuries, caused by forces external to the facility, requiring medical attention that resulted from emergencies in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	655	0
	(3)	Number of times that normal facility operations were suspended due to emergencies caused by forces external to the facility in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	655	0
	(4)	Number of hours that facility operations were suspended due to emergencies caused by forces external to the facility in the past 12 months.	0	
	divided by	The number of emergencies caused by forces external to the facility.	0	0
	(5)	Number of emergencies that were not caused by forces external to the facility that resulted in property damage in the past 12 months.	6	
	divided by	The average daily population in the past 12 months.	655	.01

	(6)	Number of injuries requiring medical attention that result from emergencies that were not caused by forces external to the facility in the past 12 months.	32	
	divided by	The average daily population in the past 12 months.	655	.05
	(7)	Number of times that normal facility operations were suspended due to emergencies that were not caused by forces external to the facility in the past 12 months.	4	
	divided by	The average daily population in the past 12 months.	655	.006
	(8)	Number of hours that facility operations were suspended due to emergencies that were not caused by forces external to the facility in the past 12 months.	18	
	divided by	The number of emergencies.	6	3
	(9)	Number of injuries resulting from fires requiring medical treatment in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	655	0
	(10)	Number of fires that resulted in property damage in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	655	0
	(11)	Amount (\$) of property damage from fire in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	655	0
	(12)	Number of code violations cited in the past 12 months.	0	
	(13)	Number of code violations cited in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	655	0
	(14)	Number of incidents involving toxic or caustic materials in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	655	0
	(15)	Number of incidents of inventory discrepancies in the past 12 months.	2	

	divided by	The average daily population in the past 12 months.	655	.003