



## DETENTION FACILITY INSPECTION FORM

FACILITIES USED LONGER THAN 72 HOURS

**A. TYPE OF FACILITY REVIEWED**

<input type="checkbox"/>	ICE Service Processing Center
<input type="checkbox"/>	ICE Contract Detention Facility
<input checked="" type="checkbox"/>	ICE Intergovernmental Service Agreement

**B. CURRENT INSPECTION**

Type of Inspection	
<input type="checkbox"/>	Field Office
<input checked="" type="checkbox"/>	HQ Inspection
Date[s] of Facility Review	
March 4-6, 2008	

**C. PREVIOUS/MOST RECENT FACILITY REVIEW**

Date[s] of Last Facility Review	
March 6-7, 2007	
Previous Rating	
<input type="checkbox"/>	Superior
<input type="checkbox"/>	Good
<input checked="" type="checkbox"/>	Acceptable
<input type="checkbox"/>	Deficient
<input type="checkbox"/>	At-Risk

**D. NAME AND LOCATION OF FACILITY**

Name	
Tri-County Justice and Detention Center	
Address	
1026 Shawnee College Road	
City, State and Zip Code	
Ullin, Illinois 62992	
County	
Pulaski	
Name and Title of Chief Executive Officer (Warden/OIC/Superintendent)	
██████████ Warden	
Telephone Number (Include Area Code)	
618-845-3512	
Field Office / Sub-Office (List Office with Oversight)	
Chicago Field Office	
Distance from Field Office	
365 miles	

**E. CREATIVE CORRECTIONS INFORMATION**

Name of Inspector (Last Name, Title and Duty Station)	
██████████ / RIC / Creative Corrections	
Name of Team Member / Title / Duty Location	
██████████ / SME / Creative Corrections	
Name of Team Member / Title / Duty Location	
██████████ / SME / Creative Corrections	
Name of Team Member / Title / Duty Location	
██████████ / SME / Creative Corrections	
Name of Team Member / Title / Duty Location	
██████████ / SME / Creative Corrections	

**F. CDF/IGSA INFORMATION ONLY**

Contract Number	Date of Contract or IGSA
25-99-0135	8-30-2004
Basic Rates per Man-Day	
\$48.60	

Other Charges: (If None, Indicate N/A)
; ; ; <input checked="" type="checkbox"/> N/A
Estimated Man-days Per Year
81,166

**G. ACCREDITATION CERTIFICATES  N/A**

List all State or National Accreditation[s] received:
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**H. PROBLEMS / COMPLAINTS (COPIES MUST BE ATTACHED)**

The Facility is under Court Order or Class Action Finding	
<input type="checkbox"/>	Court Order
<input type="checkbox"/>	Class Action Finding
The Facility has Significant Litigation Pending	
<input type="checkbox"/>	Major Litigation
<input type="checkbox"/>	Life/Safety Issues
<input checked="" type="checkbox"/>	None

**I. FACILITY HISTORY**

Date Built	
1997	
Date Last Remodeled or Upgraded	
None	
Date New Construction / Bed Space Added	
None	
Future Construction Planned	
<input type="checkbox"/>	Yes
<input checked="" type="checkbox"/>	No Date:
Current Bed space	Future Bed Space (# New Beds only)
230	Number: 16 Date:

**J. TOTAL FACILITY POPULATION**

Total Facility Intake for Previous 12 months
80,801
Total ICE Man Days for Previous 12 months
61,315

**K. CLASSIFICATION LEVEL (ICE SPCs AND CDFs ONLY)**

	L-1	L-2	L-3
Adult Male	16	104	34
Adult Female			

**L. FACILITY CAPACITY**

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

**M. AVERAGE DAILY POPULATION**

	ICE	USMS	Other
Adult Male	150	20	25
Adult Female	0	0	6

**N. FACILITY STAFFING LEVEL**

Security:	Support:
44	23