ICE Detention Standards Compliance Review

Jefferson County Detention Facility

September 9-11, 2008

REPORT DATE - September 23, 2008



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

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6), (b)(7)c COTR

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September 23, 2008

MEMORANDUM FOR:

James T. Hayes, Jr.

Director

Office of Detention and Removal Operations

FROM:

Reviewer-In-Charge

SUBJECT:

Jefferson County Detention Facility Initial Detention Review

Creative Corrections conducted an Initial Detention Review of Jefferson County Detention Facility in Mount Vernon, Illinois, on September 9-11, 2008. The facility is seeking an Intergovernmental Service Agreement (IGSA) to confine ICE detainees. As noted on the attached documents, the team of Subject Matter Experts (SME) included

Security; Health Services; Safety; and Safety; and Food Service.

A closeout meeting was held on September 11, 2008, during which all deficiencies, concerns, and recommendations were discussed. Captain; Lieutenant; and Nicki Corners, Administrative Assistant, were in attendance.

Facility History

Jefferson County Detention Facility opened in September 2004. This modern 249-bed facility currently houses minimum to maximum level male and female detainees. The facility consists of 43,303 square feet (detention center) and 13,774 square feet (administrative office space).

There are ten open dormitory pods of various housing arrangements and capacities. In addition, there are three secure pods with double-occupancy cells and three medical beds. This spectrum of housing options provides the facility with a good measure of flexibility.

The security features include an eight-foot perimeter fence with one roll of razor wire on top of the fence at the rear of the facility. The facility has a combination of physical security features at points of entry. There are sally ports equipped with various types of cameras and intercom systems. Video equipment includes a recording system. Housing unit security includes cameras, security bars on windows, and electronic cell door/locking devices. The Control Center monitors/operates all cameras and electronic locking devices. The housing units are equipped with panic buttons to alert the Control Center of emergencies.

Type of Review

This assessment is a special detention standard review to determine the feasibility for using this facility to confine ICE detainees for over 72 hours. The applicable ICE National Detention Standards were used to evaluate the physical plant, policies, and procedures.

Review Summary

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

Standards Compliance

The information contained in the worksheets summarizes the findings of the feasibility review. Jefferson County officials should continue developing and revising their policies and procedures to comply with the National Detention Standards if an IGSA is awarded. The following statistical information below outlines the results of the 2008 ADR.

September 2008 Review

Compliant	31
Deficient	4
At-Risk	0
Not-Applicable	3

Environmental Health and Safety - Deficient

Every facility will control flammable, toxic, and caustic materials through a hazardous materials program. The program will include, among other things, the identification and labeling of hazardous materials in accordance with applicable standards (e.g., National Fire Protection Association [NFPA]), identification of incompatible materials, and safe handling procedures.

A review of facility policy/procedures and on-site observations revealed there is not a
viable plan for controlling, storing, issuing, and maintaining accurate inventories of
hazardous materials. In addition, training requirements as outlined by Occupational
Safety and Health Association (OSHA) 1910.1200 are not being met.

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- The master Material Safety Data Sheet file does not contain emergency numbers or a plant diagram.
- The fire plan has not been reviewed/approved by the local fire department.
- Fire drills are not conducted monthly and fire detection/suppression systems are not tested quarterly.
- Spill kits are not provided.
- Spray bottles in the pods are not labeled.
- Monthly fire and safety inspections are not conducted.
- The fire plan does not address the following required topics:
 - Monthly fire inspections.
 - o Strategic location of fire protection equipment throughout the facility.
 - o Area-specific exit diagram conspicuously posted in diagramed areas.

Recommendations

Develop a system for the control, storage, issuance, and inventorying of chemical/hazardous materials.

Provide training to all who use chemicals/hazardous materials in the facility.

Update the MSDS file with all required information.

Implement procedures for monthly fire drills and quarterly inspections of the fire detection/suppression systems.

Provide spill kits to staff for use in case of spills.

Label all bottles containing chemical/cleaning supplies.

Implement procedures for monthly fire and safety inspections by a qualified individual and maintain documentation.

Update the Fire Plan with the required information and obtain approval of the plan (local fire officials).

Key and Lock Control - Deficient

Policy: It is the policy of the ICE Service to maintain an efficient system for the use, accountability, and maintenance of all keys and locks.

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- The Maintenance Supervisor is responsible for the security officer duties, but has not attended an approved locksmith training program.
- The facility does not have written procedures addressing compromised keys and locks.
- The facility does not have any documented evidence that a key accountability system is in place.

Recommendations

The Maintenance Supervisor should attend an approved locksmith training program.

The facility should develop written procedures for compromised keys and locks.

The facility should establish written procedures to ensure key accountability.

Post Orders - Deficient

Policy: ICE provides officers all the necessary guidance for carrying out their duties. This guidance includes post orders established for every post, which are reviewed at least annually, and given to each officer upon assignment to that post.

- There are no post orders for outside hospital duty.
- Post orders do not contain the latest inserts and revisions.
- There are no post orders for armed posts.

Recommendations

Develop post orders for the outside hospital duty and armed posts. Posts orders for armed posts should include instructions for escapes.

Ensure the latest inserts and revisions are included in the post orders and implement procedures to ensure post orders remain current.

Tool Control - Deficient

Policy: Every facility will establish a tool control policy with which all employees shall comply. The Maintenance Supervisor shall maintain a computer generated or typewritten inventory of tools and equipment, and storage locations. These inventories shall be current, filed, and readily available during an audit.

• The facility does not have tool classification system.

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- Tools are not marked and readily identifiable.
- Tools are not stored in a manner that ensures accountability and immediate identification of a missing tool.
- There are no procedures for the surveying/disposal of broken and worn tools.

Recommendations

A tool classification system should be developed to designate tools as restricted and Non-restricted.

Procedures should be established to ensure all tools are marked and readily identifiable.

Procedures should be implemented to ensure tool accountability and the identification of missing tools, i.e., inventories, shadow boards, etc.

Establish procedures to survey and dispose of broken and worn tools.

Recommended Rating and Justification

It is the Reviewer-In-Charge (RIC) recommendation that the facility receives a rating of "Deficient". A Plan of Action should also be required to identify corrective actions for the noted deficiencies.

RIC Assurance Statement

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

Department Of Homeland Security Immigration and Customs Enforcement

Detention Facility Inspection Form Facilities Used Over 72 hours

A. Type of Facility Reviewed	Estimated Man-days Per Year:
ICE Service Processing Center	45,625
ICE Contract Detention Facility	
ICE Intergovernmental Service Agreement	G. Accreditation Certificates
M TOE Intelgovernmental Service Agreement	List all State or National Accreditation[s] received:
	NCCHC
B. Current Inspection	Check box if facility has no accreditation[s]
Type of Inspection	Check box it facility has no accreditation[5]
Field Office HQ Inspection	II Duckland (Complete (Coming agent he offend)
Date[s] of Facility Review	H. Problems / Complaints (Copies must be attached)
September 9-11, 2008	The Facility is under Court Order or Class Action Finding
of the state of th	Court Order Class Action Order
C. Previous/Most Recent Facility Review	The Facility has Significant Litigation Pending
Date[s] of Last Facility Review	☐ Major Litigation ☐ Life/Safety Issues
June 15, 2007	Check if None.
Previous Rating	
☐ Superior ☐ Good ☐ Acceptable ☐ Deficient ☐ At-Risk	I. Facility History
· · · · · · · · · · · · · · · · · · ·	Date Built
D. Name and Location of Facility	September 2004
Name	Date Last Remodeled or Upgraded
Jefferson County Jail	
Address (Street and Name)	Date New Construction / Bed space Added
911 Casey Ave	
City, State and Zip Code	Future Construction Planned
Mount Vernon, Illinois 62864	Yes No Date:
County	Current Bed space Future Bed space (# New Beds only)
Jefferson OV - COUNTY OVER A COUNTY OF THE C	249 Number: Date:
Name and Title of Chief Executive Officer (Warden/OIC/Supt.)	
Sheriff Roger D Mulch	J. Total Facility Population
Telephone # (Include Area Code)	Total Facility Intake for previous 12 months
(618) 244- (b)(6) Field Office / Sub-Office (List Office with oversight responsibilities)	3,050
Chicago	Total ICE Man-days for Previous 12 months
Distance from Field Office	0
280	V
200	K. Classification Level (ICE SPCs and CDFs Only)
E. ICE Information	L-1 L-2 L-3
Name of Inspector (Last Name, Title and Duty Station)	Adult Male
(b)(6), (b)(7)(c) / RIC / Creative Corrections	
Act Cleative Corrections	Adult Female
Name of Team Member / Title / Duty Location	
(b)(6) (b)(7)c / SME / Security	
Name of Team Member / Title / Duty Location	L. Facility Capacity
(b)(6), (b)(7)c / SME / Medical	Rated Operational Emergency
Name of Team Member / Title / Duty Location	Adult Male 229 220
(b)(6), (b)(7)c / SME / Food	Adult Female 20 12
Name of Team Member / Title / Duty Location	Facility holds Juveniles Offenders 16 and older as Adults
(b)(6), (b)(7)c / SME / Environmental Health & Safety	
	M. Average Daily Population
F. CDF/IGSA Information Only	ICE USMS Other
Contract Number Date of Contract or IGSA	Adult Male 0 14 100
IGSA is pending.	Adult Female 0 0 9
Basic Rates per Man-Day	La companya da
	N. Facility Staffing Level
Other Charges: (If None, Indicate N/A)	Security: Support:
	29 Support.
	—

Detention Facility Inspection Form Facilities Used Over 72 hours

Significant Incident Summary Worksheet

For ICE to complete its review of your facility, the following information <u>must be completed</u> 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.

Incidents	Description	Jan – Mar	Apr – Jun	Jul – Sept	Oct - Dec
Assault:	Types (Sexual ² , Physical, etc.)	P	P	P	N/A
Offenders on Offenders ¹	With Weapon	0	1	1	0
	Without Weapon	2	1	. 1	0
Assault:	Types (Sexual Physical, etc.)	N/A	N/A	N/A	N/A
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	0	0	0	0
Number of Forced Moves, incl. Forced Cell moves ³		0	0	0	0
Disturbances ⁴		0	0	0	0
Number of Times Chemical Agents Used		2	2	1	0
Number of Times Special Reaction Team Deployed/Used		0	0	o	0
# Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	1/V	N/A	1/V	N/A
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	C	N/A	С	N/A
Offender / Detainee Medical Referrals as a result of injuries sustained.		1	1	2	0
Escapes	Attempted	0	0	. 0	0
	Actual	0	0	0	0
Grievances:	# Received	27	102	70	43
	# Resolved in favor of Offender/Detainee	. 0	3	0	2
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	N/A	N/A	N/A	N/A
	Number	0	0	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	12	11	15	10
	# Psychiatric Cases referred for Outside Care	. 0	1	1	0

Any attempted physical contact or physical contact that involves two or more offenders

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

Routine transportation of detainees/offenders is not considered "forced"

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.

Detention Facility Inspection Form Facilities Used Over 72 hours

	ICE Detention Standards Review Summary Report ceptable 2. Deficient 3. At Risk 4. Repeat Finding 5.Not Applicable			
	Access Standards	1.	2. 3	. 4.
Legai L	Access to Legal Materials	Ø	TIT	
. • !	Group Presentations on Legal Rights	X	HI	117
3.	Visitation	×	HIT	
1	Telephone Access	×	TIT	
	nee Services			
	Admission and Release	X		
· •	Classification System	\boxtimes		
•	Correspondence and Other Mail	\boxtimes		
3.	Detainee Handbook	\boxtimes		
·•).	Food Service	\boxtimes		
0.	Funds and Personal Property	×		
1.	Detainee Grievance Procedures	\boxtimes		
2.	Issuance and Exchange of Clothing, Bedding, and Towels	\boxtimes		
3.	Marriage Requests	\boxtimes		
4.	Non-Medical Emergency Escorted Trip			
15.	Recreation	\boxtimes		
6.	Religious Practices	\boxtimes		
17.	Voluntary Work Program			
_	th Services			
18.	Hunger Strikes			
19.	Medical Care	\boxtimes		
20.	Suicide Prevention and Intervention	\boxtimes		
21.	Terminal Illness, Advanced Directives and Death	\boxtimes		
Secu	rity and Control			
22.	Contraband	\boxtimes		
23.	Detention Files	\boxtimes		
24.	Disciplinary Policy	\boxtimes		
25.	Emergency Plans	\boxtimes		
26.	Environmental Health and Safety		\boxtimes	
27.	Hold Rooms in Detention Facilities	\boxtimes		
28.	Key and Lock Control		\boxtimes	
29.	Population Counts	\boxtimes		
30.	Post Orders		\boxtimes	
31.	Security Inspections	\boxtimes		
32.	Special Management Units (Administrative Segregation)	\boxtimes		
33.	Special Management Units (Disciplinary Segregation)	\boxtimes		
34.	Tool Control		\boxtimes	
35.	Transportation (Land management)			
36.	Use of Force	\boxtimes		
3 7.	Staff / Detainee Communication (Added August 2003)	\boxtimes		
	Detainee Transfer (Added September 2004)	\boxtimes		

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

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Department Of H	lomeland	Security
Immigration and	Customs	Enforcement

Detention Facility Inspection Form Facilities Used Over 72 hours

RI	C Review Assurance Statement				
By signing below, the Reviewer-In-Charge (RIC) certifies that all findings of noncompliance with policy or inadequate controls contained in the Inspection Report are supported by evidence that is sufficient and reliable. Furthermore, findings of noteworthy accomplishments are supported by sufficient and reliable evidence. Within the scope of the review, the facility is operating in accordance with applicable law and policy, and property and resources are efficiently used and adequately safeguarded, except for the deficiencies noted in the report.					
Reviewer-In-Charge: (Print Name)	Signature (b)(6) (b)(7)(c)				
Title & Duty Location	Date				
RIC, Creative Corrections	September 11, 2008				
Team Members					
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location				
(6)(6), (b)(7)c SME, Security	SME, Medical				
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location				
(bx6) (bx7)c SME, Food	SME, Environmental Health and Safety				
Recommended Rating:	iperior ood cceptable				

Comments:

After a discussion with the solution of the so

The administration was informed of the required policy and procedural changes that would bring the facility inline with the ICE Detention Standards.

GOOD

ACCEPTABLE DEFICIENT



	REVIEW AUTHORITY
	CCEPTANCE OF THIS REPORT BY THE REVIEW AUTHORITY. FOD/OIC/CEO WILL OF THIS REPORT TO RESPOND TO ALL FINDINGS AND RECOMMENDATIONS.
HQDRO MANAGEMENT REVIEW: (Print Name)	Signature
James T. Hayes, Jr.	
Title	Date
Director	3/9/09

COMMENTS: The Review Authority concurs with the recommended rating of <u>Deficient</u>. A Plan of Action is required for the deficiencies identified in the Environmental Health and Safety, Post Orders, Tool Control, and Key and Lock Control standards. Additionally, a Plan of Action is required for the deficient areas noted on the review worksheets in the Emergency Plans standard. This facility shall not house ICE detainees prior to the approval of the Plan of Action.

Form G-324A SIS (Rev. 7/9/07)