

A. Type of Facility Reviewed

ICE Service Processing Center
 ICE Contract Detention Facility
 ICE Intergovernmental Service Agreement

B. Current Inspection

Type of Inspection
 Field Office HQ Inspection
Date[s] of Facility Review
September 7-9, 2010

C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review
September 15-17, 2009
Previous Rating
 Superior Good Acceptable Deficient At-Risk

D. Name and Location of Facility

Name
Jefferson County Detention Facility
Address (Street and Name)
911 Casey Avenue
City, State and Zip Code
Mt. Vernon, Illinois 62864
County
Jefferson
Name and Title of Chief Executive Officer (Warden/OIC/Supt.)
(b)(6), (b)(7)c Sheriff
Telephone # (Include Area Code)
(618) (b)(6), (b)(7)
Field Office / Sub-Office (List Office with oversight responsibilities)
Chicago (Broadview)
Distance from Field Office
280 miles

E. ICE Information

Name of LCI (Last Name, Title and Duty Station)
(b)(6), (b)(7) / LCI / MGT of America
Name of Team Member / Title / Duty Location
(b)(6), (b)(7) / CI / Food Service and Safety / MGT of America
Name of Team Member / Title / Duty Location
(b)(6), (b)(7) / CI / Security / MGT of America
Name of Team Member / Title / Duty Location
(b)(6), (b)(7) / CI / Medical / MGT of America
Name of Team Member / Title / Duty Location
/ /

F. CDF/IGSA Information Only

| | |
|---|---|
| Contract Number DROIGSA-09-0008 | Date of Contract or IGSA June 30, 2009 |
| Basic Rates per Man-Day \$60.30 | |
| Other Charges: (If None, Indicate N/A) Transportation (.50/mi) | |

Estimated Man-days Per Year:
21,000

G. Accreditation Certificates

List all State or National Accreditation[s] received:
 Check box if facility has no accreditation[s]

H. Problems / Complaints (Copies must be attached)

The Facility is under Court Order or Class Action Finding
 Court Order Class Action Order
The Facility has Significant Litigation Pending
 Major Litigation Life/Safety Issues
 Check if None.

I. Facility History

Date Built
September 2004
Date Last Remodeled or Upgraded
N/A
Date New Construction / Bed space Added
N/A
Future Construction Planned
 Yes No Date:
Current Bed space
249
Future Bed space (# New Beds only)
Number: N/A Date: N/A

J. Total Facility Population

Total Facility Intake for previous 12 months
66,476
Total ICE Man-days for Previous 12 months
15,932

K. Classification Level (ICE SPCs and CDFs Only)

| | L-1 | L-2 | L-3 |
|--------------|-----|-----|-----|
| Adult Male | | | |
| Adult Female | | | |

L. Facility Capacity

| | Rated | Operational | Emergency |
|--|-------|-------------|-----------|
| Adult Male | 225 | 225 | 275 |
| Adult Female | 24 | 24 | 24 |
| <input type="checkbox"/> Facility holds Juveniles Offenders 16 and older as Adults | | | |

M. Average Daily Population

| | ICE | USMS | Other |
|--------------|-----|------|-------|
| Adult Male | 40 | 11 | 135 |
| Adult Female | 4 | 2 | 4 |

N. Facility Staffing Level

Security: Support:
(b)(7)e

Significant Incident Summary Worksheet

For ICE to complete its review of your facility, the following information must be completed prior to the scheduled review dates. The information on this form should contain data for the past twelve months in the boxes provided. The information on this form is used in conjunction with the ICE Detention Standards in assessing your Detention Operations against the needs of the ICE and its detained population. This form should be filled out by the facility prior to the start of any inspection. Failure to complete this section will result in a delay in processing this report and the possible reduction or removal of ICE' detainees at your facility.

| <i>Incidents</i> | <i>Description</i> | Jan – Mar | Apr – Jun | Jul – Sept | Oct – Dec |
|--|--|-----------|-----------|------------|-----------|
| Assault: Offenders on Offenders ¹ | Types (Sexual ² , Physical, etc.) | Physical | Physical | Physical | Physical |
| | With Weapon | 0 | 0 | 0 | 0 |
| | Without Weapon | 2 | 1 | 1 | 1 |
| Assault: Detainee on Staff | Types (Sexual Physical, etc.) | N/A | N/A | N/A | N/A |
| | With Weapon | 0 | 0 | 0 | 0 |
| | Without Weapon | 0 | 0 | 0 | 0 |
| Number of Forced Moves, incl. Forced Cell moves ³ | | 2 | 0 | 2 | 4 |
| Disturbances ⁴ | | 6 | 2 | 4 | 4 |
| Number of Times Chemical Agents Used | | 0 | 0 | 0 | 2 |
| Number of Times Special Reaction Team Deployed/Used | | 0 | 0 | 0 | 0 |
| # Times Four/Five Point Restraints applied/used | Number/Reason (M=Medical, V=Violent Behavior, O=Other) | N/A | N/A | N/A | 2V |
| | Type (C=Chair, B=Bed, BB=Board, O=Other) | N/A | N/A | N/A | 2C |
| Offender / Detainee Medical Referrals as a result of injuries sustained. | | 1 | 0 | 0 | 0 |
| Escapes | Attempted | 0 | 0 | 0 | 0 |
| | Actual | 0 | 0 | 0 | 0 |
| Grievances: | # Received | 138 | 173 | 354 | 276 |
| | # Resolved in favor of Offender/Detainee | 62 | 101 | 180 | 127 |
| 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 | 11 | 8 | 22 | 1 |
| | # Psychiatric Cases referred for Outside Care | 0 | 0 | 0 | 0 |

¹ Any attempted physical contact or physical contact that involves two or more offenders

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

³ Routine transportation of detainees/offenders is not considered "forced"

⁴ Any incident that involves four or more detainees/offenders, includes gang fights, organized multiple hunger strikes, work stoppages, hostage situations, major fires, or other large scale incidents.

| DHS/ICE Detention Standards Review Summary Report | | | | | | |
|---|---|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. Acceptable 2. Deficient 3. At Risk 4. Repeat Finding 5. Not Applicable | | 1. | 2. | 3. | 4. | 5. |
| Detainee Services | | | | | | |
| 1. | Access to Legal Materials | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. | Admission and Release | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. | Classification System | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. | Correspondence and Other Mail | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. | Detainee Handbook | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. | Food Service | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. | Funds and Personal Property | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Detainee Grievance Procedures | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9. | Group Presentation On Legal Rights | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10. | Issuance of Clothing, Bedding and Towels | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11. | Marriage Requests | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | Non-Medical Emergency Escorted Trips | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | Recreation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 14. | Religious Practices | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 15. | Access to Telephones | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 16. | Visitation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 17. | Voluntary Work Program | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Health Services | | | | | | |
| 18. | Hunger Strikes | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 19. | Access to Medical Care | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 20. | Suicide Prevention and Intervention | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 21. | Terminal Illness, Advanced Directives and Death | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Security and Control | | | | | | |
| 22. | Contraband | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 23. | Detention Files | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. | Disciplinary Policy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 25. | Emergency Plans | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 26. | Environmental Health and Safety | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 27. | Hold Rooms in Detention Facilities | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 28. | Key and Lock Control | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 29. | Population Counts | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 30. | Post Orders | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 31. | Security Inspections | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 32. | Special Management Units (Administrative Segregation) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 33. | Special Management Units (Disciplinary Segregation) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 34. | Tool Control | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 35. | Transportation (Land management) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. | Use of Force | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 37. | Staff / Detainee Communication (Added August 2003) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 38. | Detainee Transfer (Added September 2004) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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

LCI Review Assurance Statement

By signing below, the Lead Compliance Inspector (LCI) certifies that all findings of noncompliance with policy or inadequate controls contained in the Inspection Report are supported by evidence that is sufficient and reliable. Furthermore, findings of noteworthy accomplishments are supported by sufficient and reliable evidence. Within the scope of the review, the facility is operating in accordance with applicable law and policy, and property and resources are efficiently used and adequately safeguarded, except for the deficiencies noted in the report.

LEAD COMPLIANCE INSPECTOR

| | |
|--|---------------------------|
| Lead Compliance Inspector: (Print Name) (b)(6), (b)(7)c | Signature |
| Title & Duty Location Lead Compliance Inspector, MGT of America | Date September 9, 2010 |

TEAM MEMBERS

| | |
|--|--|
| Print Name, Title, & Duty Location (b)(6), (b)(7)c CI, Food Service/ Environmental Health and Safety, MGT of America | Print Name, Title, & Duty Location (b)(6), (b)(7)c CI, Medical, MGT of America |
| Print Name, Title, & Duty Location (b)(6), (b)(7)c CI, Security, MGT of America | Print Name, Title, & Duty Location |

Recommended Rating:

- Superior
- Good
- Acceptable
- Deficient
- At-Risk

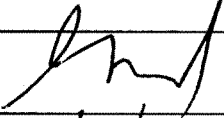
Comments:

There was one incident within the past year involving the use of an X-26 Taser on an ICE detainee. The activation of the Taser was in violation of facility policy, which states "the use of Tasers on ICE detainees is prohibited."

HEADQUARTERS EXECUTIVE REVIEW

Review Authority

The signature below constitutes review of this report and acceptance by the Review Authority. **OIC/CEO will have 30 days from receipt of this report to respond to all findings and recommendations.**

| | |
|---|--|
| HQDRO EXECUTIVE REVIEW: (Please Print Name) | Signature |
| Gary E. Mead |  |
| Title | Date |
| Assistant Director for Detention Management | 10/18/10 |

- Final Rating:**
- Superior
 - Good
 - Acceptable
 - Deficient
 - At-Risk
 - No Rating

Comments: The Review Authority concurs with the recommended rating of "Acceptable" for the Jefferson County Correctional Facility. The facility had a repeat deficiency with the Environmental Health and Safety standard. The Plan of Action created in response to the Quick Report partially corrected the Environmental Health and Safety standard found to be deficient. A Plan of Action is required to address the line item deficiencies identified in the Disciplinary Policy and Key and Lock Control standards.