

**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  
**August 2-4, 2011**

**C. Previous/Most Recent Facility Review**

Date[s] of Last Facility Review  
**September 7-9, 2010**  
Previous Rating  
 Superior  Good  Acceptable  Deficient  At-Risk

**D. Name and Location of Facility**

Name  
**Jefferson County Justice Center**  
Address (Street and Name)  
**911 Casey Avenue**  
City, State and Zip Code  
**Mount Vernon, Illinois 62864**  
County  
**Jefferson**  
Name and Title of Chief Executive Officer (Warden/OIC/Supt.)  
**Roger D. Mulch, Sheriff**  
Telephone # (Include Area Code)  
**618-244-(b)(6) (b)(7)**  
Field Office / Sub-Office (List Office with oversight)  
**Chicago, Illinois**  
Distance from Field Office  
**253 miles**

**E. ICE Information**

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

**F. CDF/IGSA Information Only**

Contract Number <b>DROIGSA-09-0008</b>	Date of Contract or IGSA <b>November 25, 2008</b>
Basic Rates per Man-Day <b>\$60.30</b>	
Other Charges: (If None, Indicate N/A) <b>Transportation: \$.51 per mile</b>	

Estimated Man-days Per Year:  
**39,600**

**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  
**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  
**73,842**  
Total ICE Man-days for Previous 12 months  
**32,816**

**K. Classification Level (ICE SPCs and CDFs Only)**

	L-1	L-2	L-3
Adult Male	0	0	0
Adult Female	0	0	0

**L. Facility Capacity**

	Rated	Operational	Emergency
Adult Male	225	225	275
Adult Female	24	24	24

Facility holds Juveniles Offenders 16 and older as Adults

**M. Average Daily Population**

	ICE	USMS	Other
Adult Male	100	11	80
Adult Female	10	1	10

**N. Facility Staffing Level**

Security: **36** Support: **27**

**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>	<i>Jan – Mar</i>	<i>Apr – Jun</i>	<i>Jul – Sept</i>	<i>Oct – Dec</i>
Assault: Offenders on Offenders <sup>1</sup>	Types (Sexual <sup>2</sup> , Physical, etc.)	1-P	1-P	1-P	0
	With Weapon	0	0	0	0
	Without Weapon	1	1	1	0
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	0	1-P	1-P	0
	With Weapon	0	0	0	0
	Without Weapon	0	1	1	0
Number of Forced Moves, incl. Forced Cell moves <sup>3</sup>		4	3	2	0
Disturbances <sup>4</sup>		0	0	0	0
Number of Times Chemical Agents Used		0	0	1	0
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)	2-V	1-V	3-V	1-V
	Type (C=Chair, B=Bed, BB=Board, O=Other)	C	C	C	C
Offender / Detainee Medical Referrals as a result of injuries sustained.		0	1	1	0
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	52	25	28	22
	# Resolved in favor of Offender/Detainee	11	6	14	6
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	0	0	0	0
	Number	0	0	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	46	38	48	33
	# Psychiatric Cases referred for Outside Care	0	0	0	0

<sup>1</sup> Any attempted physical contact or physical contact that involves two or more offenders

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

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

<sup>4</sup> 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
<b>Detainee Services</b>						
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"/>	
12.	Non-Medical Emergency Escorted Trips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>
<b>Health Services</b>						
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"/>	
<b>Security and Control</b>						
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"/>	
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 Transportation)	<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.

<b>LEAD COMPLIANCE INSPECTOR</b>	
Lead Compliance Inspector: (Print Name)	(b)(6), (b)(7)(c)
(b)(6), (b)(7)(c)	
Title & Duty Location	
<b>LCI, MGT</b>	<b>August 6, 2011</b>

<b>TEAM MEMBERS</b>	
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
(b)(6), (b)(7)(c) <b>CI-Security, MGT</b>	(b)(6), (b)(7)(c) <b>CI-Medical Care, MGT</b>
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
(b)(6), (b)(7)(c) <b>CI-Food Service, MGT</b>	(b)(6), (b)(7)(c) <b>CI-Environmental Health and Safety, MGT</b>

- Recommended Rating:**
- Superior
  - Good
  - Acceptable
  - Deficient
  - At-Risk

**Comments:**

There have been no escapes, attempted escapes, deaths or attempted suicides at this facility during the previous 12 months.

On 06-29-11, at approximately 7:10 PM, an incident occurred in 'E' Block (Housing Unit) with an ICE detainee who was refusing to lock up. After refusing orders, security staff restrained the detainee and placed him on the floor. Other security staff arrived to assist, and a Lieutenant ordered the detainee to stop resisting; however, he refused. The Lieutenant tased the detainee in the back. The detainee stopped resisting, was cuffed and taken to the medical unit for observation. It was not until after the incident was over that the staff realized he was an ICE detainee. This incident was reported to the Jail Administrator as well as ICE Field Office staff who investigated the incident.

The facility utilizes Tasers and only those staff who have received training are allowed to use them. Policy 5-507, Intermediate Weapons, prohibits the use of a taser on ICE detainees.