



1333 New Hampshire Avenue NW

Washington, DC 20036

Contract # 04-00-80-3818

ICE Detention Standards Compliance Review

| | |
|------------------|--|
| Facility: | Jefferson County Detention Facility |
| Inspection Date: | September 15 - 17, 2009 |
| Report Date: | September 17, 2009 |

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September 17, 2009

MEMORANDUM FOR: David Venturella
Acting Director
Office of Detention and Removal Operations

FROM: [Redacted] (b)(6), (b)(7)c
Lead Compliance Inspector

SUBJECT: Jefferson County Detention Facility
Initial Detention Review

MGT of America performed an annual inspection for compliance with the ICE National Detention Standards (NDS) at the Jefferson County Detention Facility (JCDF) located in Mt. Vernon, IL during the period of September 15-17, 2009. This facility is an IGSA.

The annual inspection was performed under the guidance of [Redacted] (b)(6), (b)(7)c Lead Compliance Inspector. Team members were:

| | |
|-----------------|----------------------------|
| Security | [Redacted] |
| Health Services | [Redacted] |
| Food Services | [Redacted] (b)(6), (b)(7)c |
| Safety | [Redacted] |

Type of Review

This is a scheduled annual review which is performed to determine overall compliance with the ICE NDS. The Pre-Occupancy review was conducted at JCDF in September 9 - 11, 2008, with an overall "Deficient" rating. The Review Authority signed the review on March 10, 2009, and advised the Field Office the facility could not be utilized to house ICE detainees until a Plan of Action was approved. The Plan of Action was approved on April 10, 2009, and the Field Office was advised the next review would be conducted on or before September 11, 2009. The facility began receiving ICE detainees in April 2009.

Review Summary

This facility is not accredited by the American Correctional Association (ACA), the National Commission on Correctional Health Care (NCCHC), or the Joint Commission on Accreditation of Health Organizations (JCAHO).

Standards Compliance

The following information is a summary of the standards that were reviewed and overall compliance that was determined as a result of this annual review of National Detention Standards.

| <u>2008 Inspection</u> | |
|-------------------------------|----|
| Compliant | 31 |
| Deficient | 4 |
| Repeat Deficiency | 0 |
| Not Applicable | 3 |

| <u>2009 Inspection</u> | |
|-------------------------------|----|
| Compliant | 36 |
| Deficient | 0 |
| Repeat Deficiency | 2 |
| Not Applicable | 0 |

LCI Issues and Concerns

Environmental Health and Safety – Deficient (Repeat)

Policy: 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.

Issues

- JCDF does not conduct quarterly sprinkler inspections and tests.
- Comprehensive monthly health and safety inspections are not conducted. The facility conducts and documents a monthly fire extinguisher and sprinkler head inspection. However, other required inspection criteria, such as exit doors, exit signs, evacuation diagrams and hazardous material storage are not included in the inspection program.
- Monthly fire drills are not documented for each area in which a fire drill is conducted. Instead, JCDF maintains a log book that contains one entry per month indicating fire drills were conducted throughout the facility.
- The facility does not have a sanitation program that covers barbering operations. Clippers are issued to detainees for use. There is no qualified staff oversight for sanitation requirements; and sanitation guidelines are not posted or displayed when detainees receive haircuts.
- Air vents in numerous housing unit cells were partially blocked with paper.
- Cleanliness in detainee cells, dayrooms, shower facilities, and toilets do not comply with sanitation requirements.

Recommendations

- The facility should conduct quarterly inspections and tests on the sprinkler system as required by NFPA 25 Chapter 5.

- The facility should conduct and document comprehensive monthly health and safety inspections and document monthly fire drills for each area in which a fire drill is conducted.
- The facility should establish a detainee barber shop or an operation that provides adequate equipment and staff oversight necessary to meet sanitation requirements. In addition sanitation standards should be posted where detainees receive haircuts.
- The facility should require detainees to adequately clean their cells, the dayrooms, shower facilities and toilets. The facility should regularly conduct and document sanitation inspections to ensure an acceptable level of sanitation.

Key and Lock Control – Deficient (Repeat)

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.

Issues

- JCDF does not have a procedure that provides a master inventory of all keys within the facility.
- Keys are held in multiple locations, with no current inventory or accountability.
- Keys are issued to employees but not secured, identified or accounted for. These keys are then placed on the employee's personal key ring, mixed with personal keys and the employee takes them home on a daily basis.
- Some employees are issued personal grandmaster keys which they too can take out of the facility.
- There are no current accountability procedures for the inventory or integrity of keys at JCDF.
- There is no established preventive maintenance program to dispose of worn out or broken keys and locks.
- The facility has not developed policy to address the integrity of safe combinations within the JCDF.

Recommendations

- The facility should develop a comprehensive policy and procedures for the use, accountability and maintenance of all facility keys and locks.
- JCDF should consider a single location for the secure storage of all keys with a current inventory and a set procedure for documentation of daily accountability for all keys.
- Employees should have keys issued on a secure key ring, identifying the number of keys and noted as property of JCDF.
- Grandmaster keys should not be utilized.

Recommended Rating and Justification

The Lead Compliance Inspector recommends that the facility receive a rating of "Acceptable."

LCI Assurance Statement

The findings of compliance and noncompliance are accurately and completely documented on the G-324A inspection form and are supported by documentation in the inspection file. An out brief was conducted at the facility and the following were present: Sheriff (b)(6), (b)(7)c JCDF; Major (b)(6), (b)(7)c JCDF; Captain (b)(6), (b)(7)c JCDF; (b)(6), (b)(7)c Supervising Nurse, JCDF; (b)(6), (b)(7)c ICE Coordinator, JCDF; (b)(6), (b)(7)c Kitchen Supervisor, JCDF; (b)(6), (b)(7)c Deportation Officer, ICE; and the MGT of America inspection team.

Signature: _____

(b)(6), (b)(7)c LCI

September 17, 2009

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 15 - 17, 2009

C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review
September 9-11, 2008

Previous Rating
 Superior Good Acceptable Deficient At-Risk

D. Name and Location of Facility

Name
 Jefferson County Sheriff's Office

Address (Street and Name)
 911 Casey Ave

City, State and Zip Code
 Mt. Vernon, IL 62864

County
 Jefferson

Name and Title of Chief Executive Officer (Warden/OIC/Supt.)
 (b)(6), (b)(7)c

Telephone # (Include Area Code)
 618-(b)(6), (b)(7)c

Field Office / Sub-Office (List Office with oversight responsibilities)
 Broadview (Chicago)

Distance from Field Office
 500 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-Security / MGT of America

Name of Team Member / Title / Duty Location
 (b)(6), (b)(7) / CI-Food Service & Safety / MGT of America

Name of Team Member / Title / Duty Location
 (b)(6), (b)(7) / CI-Health Care Services / 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 November 11, 2008 |
| Basic Rates per Man-Day \$60.30 | |
| Other Charges: (If None, Indicate N/A) A | |

Estimated Man-days Per Year:
 16,800

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: not set (out door rec)

| | |
|--------------------------|---|
| Current Bed space 249 | Future Bed space (# New Beds only) Number: Date: |
|--------------------------|---|

J. Total Facility Population

Total Facility Intake for previous 12 months
 2,812

Total ICE Man-days for Previous 12 months
 6,249

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 | 219 | 200 | 243 |
| Adult Female | 4 | 2 | 9 |

Facility holds Juveniles Offenders 16 and older as Adults

M. Average Daily Population

| | ICE | USMS | Other |
|--------------|-----|------|-------|
| Adult Male | 42 | 13 | 62 |
| Adult Female | 4 | 2 | 9 |

N. Facility Staffing Level

Security: (b)(7)e Support:

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.) | P | P | P | P |
| | With Weapon | 0 | 1 | 1 | 0 |
| | Without Weapon | 4 | 5 | 2 | 1 |
| Assault: Detainee on Staff | Types (Sexual Physical, etc.) | 0 | 0 | P | 0 |
| | With Weapon | 0 | 0 | 0 | 0 |
| | Without Weapon | 0 | 0 | 1 | 0 |
| Number of Forced Moves, incl. Forced Cell moves ³ | | 0 | 1 | 0 | 1 |
| Disturbances ⁴ | | 0 | 0 | 1 | 0 |
| Number of Times Chemical Agents Used | | 1 | 0 | 2 | 0 |
| Number of Times Special Action Team Deployed/Used | | 0 | 0 | 0 | 0 |
| # Times Four/Five Point Restraints applied/used | Number/Reason (M=Medical, V=Violent Behavior, O=Other) | 5/V | 5/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. | | 1 | 1 | 1 | 0 |
| Escapes | Attempted | 0 | 0 | 0 | 0 |
| | Actual | 0 | 0 | 0 | 0 |
| Grievances: | # Received | 297 | 219 | 131 | 121 |
| | # Resolved in favor of Offender/Detainee | 52 | 35 | 43 | 33 |
| Deaths | Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other) | 0 | A | 0 | 0 |
| | Number | 0 | 1 | 0 | 0 |
| Psychiatric / Medical Referrals | # Medical Cases referred for Outside Care | 37 | 32 | 44 | 24 |
| | # Psychiatric Cases referred for Outside Care | 1 | 8 | 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
 Routine transportation of detainees/offenders is not considered "forced"
³ 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.

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| DHS/ICE Detention Standards Review Summary Report | | | | | | |
|---|---|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|----|
| 1. Acceptable 2. Deficient 3. At Risk 4. Repeat Finding 5. Not Applicable | | | | | | |
| Detainee Services | | 1. | 2. | 3. | 4. | 5. |
| 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"/> | |
| 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 checked="" 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"/> | |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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"/> | |
| 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"/> | |

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: (Print Name) | Signature |
| (b)(6), (b)(7)c | (b)(6), (b)(7)c |
| Title & Duty Location | Date |
| Lead Compliance Inspector - MGT of America | 09/17/2009 |

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

Recommended Rating:

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

Comments:

This is an annual review of the Jefferson County Detention Facility. This facility began receiving ICE detainees in April 2009.

It should be noted that the facility does assign selected staff the X-26 Taser. A review of use during the past year revealed no use of the assigned taser against ICE detainees. Overall, JCDF staff deployed the X-26 Taser a total of nine documented times during the past reporting period.

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) (b)(6) (b)(7)(C) | Signature (b)(6) (b)(7)(C) |
| Title Assistant Director for Management | Date 10/9/2017 |

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

Comments: The Review Authority has downgraded the recommended rating of "Acceptable" to "Deficient" due to the use of EMDDs (Elector Muscular Disruption Devices). No Plan of Action (POA) is required in regard to the use of EMDDs. However, a POA is required for the Environmental Health & Safety and Key & Lock Control standards which were found to be deficient. In addition, a POA is required to address the line item deficiencies identified in Food Service, Funds & Personal Property, Population Counts, Security Inspections and Use of Force standards.