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September 9, 2010

MEMORANDUM FOR: James M. Chaparro  
Director  
Office of Enforcement and Removal Operations

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

SUBJECT: Jefferson County Detention Facility  
Annual Detention Review

MGT of America, Inc. performed an annual inspection for compliance with the ICE National Detention Standards (NDS) at the Jefferson County Detention Facility located in Mt. Vernon, Illinois, during the period of September 7-9, 2010. This facility is an IGSA.

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

Subject Matter Field	Team Member
Security	(b)(6), (b)(7)c
Health Services	
Food Services	
Environmental Health & Safety	

**Type of Review**

This review is a scheduled annual inspection, which is performed to determine overall compliance with the ICE NDS for Over 72 hour facilities. The facility received a previous rating of "Acceptable" during the September 2009 inspection.

**Review Summary**

The facility is not accredited by the American Correctional Association, the Joint Commission on Accreditation of Health Organizations nor the National Commission on Correctional Health Care.

**Standards Compliance**

The following information is a summary of the standards that were reviewed and overall compliance that was determined as a result of the 2009 and 2010 National Detention Standards compliance annual inspections:

<b><u>2009 Inspection</u></b>		<b><u>2010 Inspection</u></b>	
Compliant	36	Compliant	37
Deficient	0	Deficient	0
At Risk	0	At Risk	0
Repeat Deficiency	2	Repeat Deficiency	1
Not Applicable	0	Not Applicable	0

**LCI Issues and Concerns**

**Environmental Health and Safety: Repeat Deficiency**

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 regulations, standards, and codes (e.g. National Fire Protection Association and the Occupational Safety and Health Administration (OSHA)).

- The facility does not maintain constant inventories of toxic, caustic, and flammable materials.
- The facility does not maintain MSDS sheets in food service or the control room where the barber shop supplies are stored.
- The air vents were obstructed and light fixtures were covered with paper in the male and female detainee housing units.
- Monthly fire inspections were not being conducted.
- Monthly fire drills had not been conducted during six months of the past year.
- Fire extinguishers were not checked monthly to determine if they were operational.
- The Medical Department had no written procedures for the disposal of used needles and other sharps.

**Recommendations:**

- Develop a system for maintaining constant inventories of hazardous/toxic materials.
- Place MSDS sheets in all areas used for the storage of hazardous/toxic materials.
- Ensure that the vents and light fixtures are clear of debris or other obstructions.
- Check fire extinguishers on a monthly basis.
- Conduct monthly fire drills.
- Develop written procedures for the handling and disposal of needles and other sharps.

**Recommended Rating and Justification**

The Lead Compliance Inspector recommends that the facility receive a rating of "Acceptable."  
The facility was compliant with 37 of the 38 applicable standards.

**LCI Assurance Statement**

The findings of compliance and non-compliance 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. In addition to the entire inspection team, the following were present from the facility; Captain (b)(6), (b)(7)c Supervising Nurse (b)(6), (b)(7)c ICE Coordinator (b)(6), (b)(7)c Lieutenant (b)(6), (b)(7)c Lieutenant, Assistant Jail Administrator (b)(6), (b)(7)c ICE staff included (b)(6), (b)(7)c Deportation Officer and (b)(6), (b)(7)c Deputy Field Office Director who participated via telephone.

(b)(6), (b)(7)c Lead Compliance Inspector , MGT  
Printed Name/Title

September 9, 2010  
Date

\_\_\_\_\_  
Signature:

**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	
September 7-9, 2010	

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

Date[s] of Last Facility Review	
September 15-17, 2009	
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	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	Date of Contract or IGSA
DROIGSA-09-0008	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:
<input checked="" type="checkbox"/> 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	
<input type="checkbox"/> Court Order	<input type="checkbox"/> Class Action Order
The Facility has Significant Litigation Pending	
<input type="checkbox"/> Major Litigation	<input type="checkbox"/> Life/Safety Issues
<input checked="" type="checkbox"/> 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	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date:	
Current Bed space	Future Bed space (# New Beds only)
249	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 <sup>1</sup>	Types (Sexual <sup>2</sup> , 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 <sup>3</sup>		2	0	2	4	
Disturbances <sup>4</sup>		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	

<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.

<b>DHS/ICE Detention Standards Review Summary Report</b>						
1. Acceptable 2. Deficient 3. At Risk 4. Repeat Finding 5. Not Applicable		1.	2.	3.	4.	5.
<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"/>	<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"/>	
<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"/>	<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 Title & Duty Location  Lead Compliance Inspector, MGT of America	Signature  Date  September 9, 2010
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#### 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

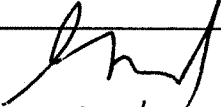
Comments:

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.