

MGT
OF AMERICA, INC.

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August 6, 2011

MEMORANDUM FOR: Gary E. Mead
Executive Associate Director
Office of Enforcement and Removal Operations

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

SUBJECT: Jefferson County Justice Center
Annual Detention Review

MGT of America, Inc. performed an annual inspection for compliance with the Immigration and Customs Enforcement (ICE) National Detention Standards (NDS) at the Jefferson County Justice Center (JCJC) located in Mt. Vernon, Illinois, during the period of August 2-4, 2011. This facility is an Intergovernmental Service Agreement (IGSA).

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

Subject Matter Field	Team Member
Security	(b)(6), (b)(7)c
Medical Care	
Food Service	
Environmental Health and Safety	

Type of Review

This review was a scheduled annual inspection, which was 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 2010 inspection.

Review Summary

The facility is not accredited by the American Correctional Association (ACA), the National Commission on Correctional Health Care (NCCHC), or The Joint Commission (TJC).

Standards Compliance

The following information is a summary of the standards reviewed and overall compliance as a result of the 2010 and 2011 NDS annual inspections.

<i>2010 Inspection</i>	
Compliant	37
Deficient	0
At-Risk	0
Repeat Deficiency	0
Not Applicable	1

<i>2011 Inspection</i>	
Compliant	37
Deficient	0
At-Risk	0
Repeat Deficiency	0
Not Applicable	1

LCI Issues and Concerns

There are no deficient standards to report.

Concern: When reviewing the facility handbook it was noted that all detainees were charged a fee of \$15 for a haircut. This practice was applied to ICE detainees housed in both general population and the Special Management Units.

Recommended Rating and Justification

The LCI recommends the facility receive a rating of "Acceptable." The facility is compliant with all 37 applicable standards; one standard was not applicable.

LCI Assurance Statement

The findings of compliance and non-compliance are accurately and completely recorded on the G-324A Worksheet 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: (b)(6), (b)(7)c Sheriff; (b)(6), (b)(7)c Captain / Jail Administrator; (b)(6), (b)(7)c Lieutenant / Assistant Jail Administrator; (b)(6), (b)(7)c Major; (b)(6), (b)(7)c Facility ICE Coordinator; (b)(6), (b)(7)c Supervising Nurse; (b)(6), (b)(7)c Maintenance Supervisor; (b)(6), (b)(7)c ICE Assistant Field Office Director (AFOD); (b)(6), (b)(7)c ICE Deportation Officer; and (b)(6), (b)(7)c ICE Deputy Field Office Director (DFOD) via telephone.

(b)(6), (b)(7)c LCI, MGT
Printed Name/Title

August 6, 2011
Date

Signature: _____

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

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 ¹	Types (Sexual ² , 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 ³		4	3	2	0
Disturbances ⁴		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

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
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"/>	<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"/>
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 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.

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

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

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.