

# ICE Detention Standards Compliance Review

Jefferson County Detention Facility

September 9-11, 2008

REPORT DATE – September 23, 2008



Contract Number: ODT-6-D-0001  
Order Number: HSCEOP-07-F-01016

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September 23, 2008

MEMORANDUM FOR: James T. Hayes, Jr.  
Director  
Office of Detention and Removal Operations

FROM: (b)(6), (b)(7)(c) *for* (b)(6), (b)(7)(c)  
Reviewer-In-Charge

SUBJECT: Jefferson County Detention Facility Initial Detention Review

Creative Corrections conducted an Initial Detention Review of Jefferson County Detention Facility in Mount Vernon, Illinois, on September 9-11, 2008. The facility is seeking an Intergovernmental Service Agreement (IGSA) to confine ICE detainees. As noted on the attached documents, the team of Subject Matter Experts (SME) included (b)(6), (b)(7)(c) Security; (b)(6), (b)(7)(c) Health Services; (b)(6), (b)(7)(c) Safety; and (b)(6), (b)(7)(c) Food Service.

A closeout meeting was held on September 11, 2008, during which all deficiencies, concerns, and recommendations were discussed. (b)(6), (b)(7)(c) Captain; (b)(6), (b)(7)(c) Lieutenant; and Nicki Corners, Administrative Assistant, were in attendance.

**Facility History**

Jefferson County Detention Facility opened in September 2004. This modern 249-bed facility currently houses minimum to maximum level male and female detainees. The facility consists of 43,303 square feet (detention center) and 13,774 square feet (administrative office space).

There are ten open dormitory pods of various housing arrangements and capacities. In addition, there are three secure pods with double-occupancy cells and three medical beds. This spectrum of housing options provides the facility with a good measure of flexibility.

The security features include an eight-foot perimeter fence with one roll of razor wire on top of the fence at the rear of the facility. The facility has a combination of physical security features at points of entry. There are sally ports equipped with various types of cameras and intercom systems. Video equipment includes a recording system. Housing unit security includes cameras, security bars on windows, and electronic cell door/locking devices. The Control Center monitors/operates all cameras and electronic locking devices. The housing units are equipped with panic buttons to alert the Control Center of emergencies.

### **Type of Review**

This assessment is a special detention standard review to determine the feasibility for using this facility to confine ICE detainees for over 72 hours. The applicable ICE National Detention Standards were used to evaluate the physical plant, policies, and procedures.

### **Review Summary**

The facility is not accredited by the American Correctional Association or Joint Commission on Accreditation of Healthcare Organizations. The contracted medical service provider is accredited by the National Commission on Correctional Health Care.

### **Standards Compliance**

The information contained in the worksheets summarizes the findings of the feasibility review. Jefferson County officials should continue developing and revising their policies and procedures to comply with the National Detention Standards if an IGSA is awarded. The following statistical information below outlines the results of the 2008 ADR.

### **September 2008 Review**

<b>Compliant</b>	<b>31</b>
<b>Deficient</b>	<b>4</b>
<b>At-Risk</b>	<b>0</b>
<b>Not-Applicable</b>	<b>3</b>

### **Environmental Health and Safety – Deficient**

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.

- A review of facility policy/procedures and on-site observations revealed there is not a viable plan for controlling, storing, issuing, and maintaining accurate inventories of hazardous materials. In addition, training requirements as outlined by Occupational Safety and Health Association (OSHA) 1910.1200 are not being met.

- The master Material Safety Data Sheet file does not contain emergency numbers or a plant diagram.
- The fire plan has not been reviewed/approved by the local fire department.
- Fire drills are not conducted monthly and fire detection/suppression systems are not tested quarterly.
- Spill kits are not provided.
- Spray bottles in the pods are not labeled.
- Monthly fire and safety inspections are not conducted.
- The fire plan does not address the following required topics:
  - Monthly fire inspections.
  - Strategic location of fire protection equipment throughout the facility.
  - Area-specific exit diagram conspicuously posted in diagramed areas.

### **Recommendations**

Develop a system for the control, storage, issuance, and inventorying of chemical/hazardous materials.

Provide training to all who use chemicals/hazardous materials in the facility.

Update the MSDS file with all required information.

Implement procedures for monthly fire drills and quarterly inspections of the fire detection/suppression systems.

Provide spill kits to staff for use in case of spills.

Label all bottles containing chemical/cleaning supplies.

Implement procedures for monthly fire and safety inspections by a qualified individual and maintain documentation.

Update the Fire Plan with the required information and obtain approval of the plan (local fire officials).

### **Key and Lock Control – Deficient**

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.

- The Maintenance Supervisor is responsible for the security officer duties, but has not attended an approved locksmith training program.
- The facility does not have written procedures addressing compromised keys and locks.
- The facility does not have any documented evidence that a key accountability system is in place.

### **Recommendations**

The Maintenance Supervisor should attend an approved locksmith training program.

The facility should develop written procedures for compromised keys and locks.

The facility should establish written procedures to ensure key accountability.

### **Post Orders – Deficient**

Policy: ICE provides officers all the necessary guidance for carrying out their duties. This guidance includes post orders established for every post, which are reviewed at least annually, and given to each officer upon assignment to that post.

- There are no post orders for outside hospital duty.
- Post orders do not contain the latest inserts and revisions.
- There are no post orders for armed posts.

### **Recommendations**

Develop post orders for the outside hospital duty and armed posts. Posts orders for armed posts should include instructions for escapes.

Ensure the latest inserts and revisions are included in the post orders and implement procedures to ensure post orders remain current.

### **Tool Control – Deficient**

Policy: Every facility will establish a tool control policy with which all employees shall comply. The Maintenance Supervisor shall maintain a computer generated or typewritten inventory of tools and equipment, and storage locations. These inventories shall be current, filed, and readily available during an audit.

- The facility does not have tool classification system.

- Tools are not marked and readily identifiable.
- Tools are not stored in a manner that ensures accountability and immediate identification of a missing tool.
- There are no procedures for the surveying/disposal of broken and worn tools.

### **Recommendations**

A tool classification system should be developed to designate tools as restricted and Non-restricted.

Procedures should be established to ensure all tools are marked and readily identifiable.

Procedures should be implemented to ensure tool accountability and the identification of missing tools, i.e., inventories, shadow boards, etc.

Establish procedures to survey and dispose of broken and worn tools.

### **Recommended Rating and Justification**

It is the Reviewer-In-Charge (RIC) recommendation that the facility receives a rating of "Deficient". A Plan of Action should also be required to identify corrective actions for the noted deficiencies.

### **RIC Assurance Statement**

All findings of this review have been documented on the Detention Review Worksheets and are supported by the written documentation contained in the review.

**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 9-11, 2008**

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

Date[s] of Last Facility Review  
**June 15, 2007**  
Previous Rating  
 Superior  Good  Acceptable  Deficient  At-Risk

**D. Name and Location of Facility**

Name  
**Jefferson County Jail**  
Address (Street and Name)  
**911 Casey Ave**  
City, State and Zip Code  
**Mount Vernon, Illinois 62864**  
County  
**Jefferson**  
Name and Title of Chief Executive Officer (Warden/OIC/Supt.)  
**Sheriff Roger D Mulch**  
Telephone # (Include Area Code)  
**(618) 244- (b)(6)**  
Field Office / Sub-Office (List Office with oversight responsibilities)  
**Chicago**  
Distance from Field Office  
**280**

**E. ICE Information**

Name of Inspector (Last Name, Title and Duty Station)  
**(b)(6), (b)(7)(c) / RIC / Creative Corrections**  
Name of Team Member / Title / Duty Location  
**(b)(6), (b)(7)(c) / SME / Security**  
Name of Team Member / Title / Duty Location  
**(b)(6), (b)(7)(c) / SME / Medical**  
Name of Team Member / Title / Duty Location  
**(b)(6), (b)(7)(c) / SME / Food**  
Name of Team Member / Title / Duty Location  
**(b)(6), (b)(7)(c) / SME / Environmental Health & Safety**

**F. CDF/IGSA Information Only**

Contract Number  
**IGSA is pending.**  
Date of Contract or IGSA  
Basic Rates per Man-Day  
Other Charges: (If None, Indicate N/A)

Estimated Man-days Per Year:  
**45,625**

**G. Accreditation Certificates**

List all State or National Accreditation[s] received:  
**NCCHC**  
 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  
Date New Construction / Bed space Added  
Future Construction Planned  
 Yes  No Date:  
Current Bed space | Future Bed space (# New Beds only)  
**249** | Number: Date:

**J. Total Facility Population**

Total Facility Intake for previous 12 months  
**3,050**  
Total ICE Man-days for Previous 12 months  
**0**

**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	229	220	
Adult Female	20	12	

Facility holds Juveniles Offenders 16 and older as Adults

**M. Average Daily Population**

	ICE	USMS	Other
Adult Male	0	14	100
Adult Female	0	0	9

**N. Facility Staffing Level**

Security: **29** | Support: **12**

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Department Of Homeland Security  
Immigration and Customs Enforcement

Detention Facility Inspection Form  
Facilities Used Over 72 hours

**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.)	P	P	P	N/A
	With Weapon	0	1	1	0
	Without Weapon	2	1	1	0
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>		0	0	0	0
Disturbances <sup>4</sup>		0	0	0	0
Number of Times Chemical Agents Used		2	2	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)	1/V	N/A	1/V	N/A
	Type (C=Chair, B=Bed, BB=Board, O=Other)	C	N/A	C	N/A
Offender / Detainee Medical Referrals as a result of injuries sustained.		1	1	2	0
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	27	102	70	43
	# Resolved in favor of Offender/Detainee	0	3	0	2
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	12	11	15	10
	# Psychiatric Cases referred for Outside Care	0	1	1	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.

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DHS/ICE Detention Standards Review Summary Report						
1. Acceptable	2. Deficient	3. At Risk	4. Repeat Finding	5. Not Applicable		
<b>Legal Access Standards</b>		<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>5.</b>
1.	Access to Legal Materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Group Presentations on Legal Rights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Visitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Telephone Access	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Detainee Services</b>						
5.	Admission and Release	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Classification System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Correspondence and Other Mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Detainee Handbook	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Food Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Funds and Personal Property	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Detainee Grievance Procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.	Issuance and Exchange of Clothing, Bedding, and Towels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.	Marriage Requests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14.	Non-Medical Emergency Escorted Trip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15.	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16.	Religious Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17.	Voluntary Work Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Health Services</b>						
18.	Hunger Strikes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19.	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 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 type="checkbox"/>	
29.	Population Counts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30.	Post Orders	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35.	Transportation (Land management)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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.

RIC Review Assurance Statement

By signing below, the Reviewer-In-Charge (RIC) 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.

Reviewer-In-Charge: (Print Name) (b)(6), (b)(7)(c)	Signature 
Title & Duty Location RIC, Creative Corrections	Date September 11, 2008

Team Members	
Print Name, Title, & Duty Location (b)(6), (b)(7)(c) SME, Security	Print Name, Title, & Duty Location (b)(6), (b)(7)(c) SME, Medical
Print Name, Title, & Duty Location (b)(6), (b)(7)(c) SME, Food	Print Name, Title, & Duty Location (b)(6), (b)(7)(c) SME, Environmental Health and Safety

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

**Comments:**

After a discussion with (b)(6), (b)(7)(c) Acting Field Office Director; (b)(6), (b)(7)(c) Immigrations Enforcement Agent; and Sheriff Roger Mulch, it was decided that this review should be treated as an initial review. This decision was based on the facility has not housed any ICE detainees and has not had the assistance/support that ICE customarily provides to IGSA facilities for compliance with the national standards.

The administration was informed of the required policy and procedural changes that would bring the facility inline with the ICE Detention Standards.