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U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
Inspections and Detention Oversight Division
Washington, DC 20536-5501

Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Salt Lake City Field Office

Cache County Jail
Logan, Utah

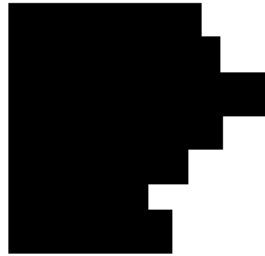
August 20-22, 2019

**COMPLIANCE INSPECTION
of the
CACHE COUNTY JAIL
Logan, Utah**

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FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Cache County Jail (CCJ) in Logan, Utah, from August 20 to 22, 2019.¹ The facility opened in 2004 and is owned and operated by the Cache County Corporation. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at CCJ in 2018 under the oversight of ERO's Field Office Director (FOD) in Salt Lake City (ERO Salt Lake City). The facility operates under the National Detention Standards (NDS) 2000.

ERO has not assigned Deportation Officers (DOs) to the facility; however, DOs conduct scheduled and unscheduled visits to the facility [REDACTED]. The Cache County Sheriff's Office jail commander handles daily facility operations and is supported by [REDACTED] personnel. Catering By Marlin's, Inc. Managed Services provides food and commissary services, and Armor Correctional Health Services provides medical care at the facility. The facility holds no national accreditations.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	64
Average ICE Detainee Population ³	39
Male Detainee Population (as of 8/20/2019)	23
Female Detainee Population (as of 8/20/2019)	3

This was ODO's first inspection of Cache County Jail.

¹ This facility holds male and female detainees with low, medium-low, medium-high, and high security classification levels for periods longer than 72 hours.

² Data Source: ERO Facility List Report as of August 19, 2019.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, and where detainees are housed for longer than 72 hours, to assess compliance with ICE national detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO also highlights instances in which the facility resolves deficiencies prior to completion of the ODO inspection. Where applicable, these corrective actions are annotated with “C” under the *Compliance Inspection Findings* section of this report.

Upon completion of each inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to: (i) assist ERO in developing and initiating corrective action plans; and (ii) provide senior executives with an independent assessment of facility operations. ODO’s findings inform ICE executive management in their decision-making to better allocate resources across the agency’s entire detention inventory.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected ⁵	Deficiencies
Part 1 – Detainee Services	
Access to Legal Material	2
Admission and Release	4
Detainee Classification System	5
Detainee Grievance System	3
Food Service	10
Funds and Personal Property	2
Recreation	0
Religious Practices	0
Staff-Detainee Communication	4
Telephone Access	1
Visitation	7
Sub-Total	38
Part 2 – Security and Control	
Environmental Health and Safety	6
Special Management Unit (Administrative Segregation)	1
Special Management Unit (Disciplinary Segregation)	0
Use of Force	4
Sub-Total	11
Part 3 – Health Services	
Medical Care	2
Suicide Prevention and Intervention	0
Sub-Total	2
Total Deficiencies	51

⁵ For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

DETAINEE RELATIONS

ODO interviewed four detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

Staff-Detainee Communication: One female detainee stated that facility and ICE staff of the opposite gender do not announce themselves before entering the housing unit.

- Action Taken: ODO observed staff members of the opposite gender enter housing units without announcing themselves during the inspection. ODO informed facility leadership and ERO Salt Lake City supervisory staff of the detainee's complaint and ODO's observation, and reminded both entities of the Prison Rape Elimination Act requirement.⁶ CCJ was not contractually obligated to comply with ICE PBNDS 2011 (Revised 2016) standard 2.11, Sexual Abuse and Assault Prevention and Intervention; therefore, ODO noted this as an **Area of Concern** under the *Staff-Detainee Communication* section of this report.

Medical Care: One detainee stated he required a prescription for a thyroid condition but that the facility has not provided the medication.

- Action Taken: ODO reviewed the detainee's medical records and spoke with medical staff. Facility medical staff evaluated the detainee when he arrived on August 12, 2019, but were waiting for the detainee's prior medical care provider to verify the prescription. Facility medical staff received verification of the prescription on August 21, 2019, ordered the prescription from the pharmacy, and informed ODO that the pharmacy typically fills prescription orders within 24 to 48 hours. ODO followed up with the detainee, informed him his prescription had been ordered, and the facility will provide the medication during pill-call once the prescription is delivered to the facility.

Medical Care: One detainee stated he did not receive a response to a medical request he submitted on August 13, 2019.

- Action Taken: ODO reviewed the detainee's medical records and the facility's sick call log and spoke with medical staff. Facility medical staff evaluated the detainee on August 13, 2019, and a doctor prescribed and ordered medication on the same day. The pharmacy reported to the facility the ordered medication was not available. Medical records indicated a facility doctor re-evaluated the detainee and determined his condition would resolve without further intervention. As such, facility medical staff cancelled the prescription order. ODO followed up with the detainee and informed him that he may submit another sick call request if his condition does not resolve.

⁶ "§ 115.15 Limits to cross-gender viewing and searches...

(d) The facility shall implement policies and procedures....Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit." See Federal Register/Vol. 77, No. 119/Wednesday, June 20, 2012/Rules and Regulations.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ACCESS TO LEGAL MATERIAL (ALM)

ODO reviewed the facility's law library documentation, inspected the law library equipment, and found nothing documented or posted encouraging detainees to report missing or damaged law library equipment and materials (**Deficiency ALM-1⁷**).

ODO reviewed the facility detainee handbook and found the handbook did not include procedures for requesting access to the law library, requesting additional time in the law library, requesting legal materials not in the law library, and notifying a designated employee that law library material is missing or damaged. Additionally, ODO found the associated rules and procedures were not posted on or near the law library computer (**Deficiency ALM-2⁸**).

ADMISSION AND RELEASE (A&R)

ODO reviewed detainee detention files and admissions paperwork for 25 detainees and found 2 of the files did not have an Order to Detain (Form I-203), 15 files did not have a Form I-203 with an authorizing official signature, and 8 files did not have a Form I-203 that indicated the ERO assigned classification level (**Deficiency A&R-1⁹**).

Although the facility had an orientation video, the facility did not play the video for newly arriving detainees due to a technical problem with the video equipment (**Deficiency A&R-2¹⁰**).

ODO reviewed the facility's orientation policy and found no documentation that ERO Salt Lake City had approved the orientation procedures (**Deficiency A&R-3¹¹**).

Corrective Action: Prior to completion of the inspection, the Assistant Field Office Director (AFOD) reviewed the facility's orientation procedures and issued a memorandum

⁷ "Damaged or stolen materials shall be promptly replaced. In addition to its own inspections, the facility shall encourage detainees to report missing or damaged materials." See ICE NDS 2000, Standard, Access to Legal Material, Section (III)(F).

⁸ "The detainee handbook or equivalent, shall provide detainees with the rules and procedures governing access to legal materials, including the following information: ...

3. the procedure for requesting access to the law library;
4. the procedure for requesting additional time in the law library (beyond the 5 hours per week minimum);
5. the procedure for requesting legal reference materials not maintained in the law library; and
6. the procedure for notifying a designated employee that library material is missing or damaged.

These policies and procedures shall also be posted in the law library along with a list of the law library's holdings." See ICE NDS 2000, Standard, Access to Legal Material, Section (III)(Q)(3)(4)(5) and (6).

⁹ "An Order to Detain or an Order to Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/ERO Authorizing Official signature, must accompany each newly arriving detainee." See ICE NDS 2000, Standard, Admission and Release, Section (III)(H).

¹⁰ "All facilities shall have a medium to provide INS detainees an orientation to the facility." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J).

¹¹ "...In IGSAs the INS office of jurisdiction shall approve all orientation procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J).

on August 22, 2019, approving the orientation procedures (C-1).

ODO reviewed 25 detainee detention files and found that 17 files did not contain documentation indicating detainees received a copy of the facility's detainee handbook. ODO noted this as an **Area of Concern**.

ODO reviewed the detainee detention files and associated release paperwork for six detainees, as well as the facility's release policy, and found that none of the six Forms I-203 were signed by an authorizing official. Additionally, there was no documentation that ERO Salt Lake City had approved the facility's release procedures (**Deficiency A&R-4**¹²).

Corrective Action: Prior to completion of the inspection, partial corrective action was taken by the AFOD, who reviewed the facility's release procedures and issued a memorandum on August 22, 2019, approving the facility's release procedures (C-2).

DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO reviewed 25 detainee files and found that a facility supervisor did not approve facility staff's classification of any of the 25 detainees (**Deficiency DCS-1**¹³).

ODO reviewed CCJ's classification policy and found that CCJ had an objective classification system that met the requirements of the standard [REDACTED]

[REDACTED] (**Deficiency DCS-2**¹⁴).

Detainees are classified by ERO Salt Lake City, using a Risk Classification Assessment, prior to their arrival at CCJ. [REDACTED]

¹² "Staff must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include completing and processing forms, closing files, fingerprinting; returning personal property; and reclaiming facility-issued clothing, bedding, etc. INS will approved [sic] the IGSA release procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J). Note: The NDS outline is erroneous; the cited section should be (III)(L).

¹³ "The facility shall abide by INS policy, rules, and guidelines as set forth in this Standard and implement the attached Detainee Classification system for classifying detainees. CDFs and IGSA facilities may continue using the systems established locally, if the classification criteria are objective and all procedures meet INS requirements. The classification system ensures: ...

3. The first-line supervisor will review and approve each detainee's classification."

See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(A)(3).

¹⁴ "Staff shall use the most reliable, objective information from the detainee's A-file or work-folder during the classification process. 'Objective' information refers to fact, [REDACTED]

[REDACTED] See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(D).

[REDACTED] (Deficiency DCS-3¹⁵).

[REDACTED] (Deficiency DCS-4¹⁶).

ODO reviewed the facility's detainee handbook and found it did not include procedures for detainees to appeal their classification level (Deficiency DCS-5¹⁷).

CCJ policy requires special reassessments for detainees placed in disciplinary segregation; however, ODO found the facility did not complete special reassessments for any detainees placed in the special management unit and noted this as an **Area of Concern**.

DETAINEE GRIEVANCE PROCEDURES (DGP)

ODO reviewed CCJ's informal and formal grievance procedures and found they did not allow detainees to bypass the informal grievance process and proceed directly to the formal grievance process (Deficiency DGP-1¹⁸).

The facility's procedures allowed detainees dissatisfied with the facility's grievance response to file an appeal; however, the procedures did not allow detainees to communicate directly with ERO Salt Lake City. Additionally, the procedure for contacting ICE to appeal the facility's grievance

¹⁵ "INS offices shall provide non-INS facilities with the necessary information for the facility to classify INS detainees. Because INS selectively releases material from the detainee's record to persons who are not INS employees (e.g., CDF or IGSA facility personnel), non-INS officers must rely on the judgement of the INS staff who select material from the files for facility use." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(D).

¹⁷ "The detainee handbook's section on classification will include the following: ...

2. The procedures by which a detainee may appeal his/her classification...."

See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(I)(2).

¹⁸ "...The detainee is free to bypass or terminate the informal grievance process and proceed directly to the formal grievance stage. If the oral grievance is resolved to the detainee's satisfaction at any level of review, the staff member need not provide the detainee written confirmation of the outcome, however the staff member will document the results for the record and place his/her report in the detainee's detention file." See ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(A)(1).

decision was not in the facility's detainee handbook (**Deficiency DGP-2¹⁹**).

ODO reviewed the facility's grievance record keeping and found that, although grievances were logged and tracked in the facility's electronic grievance log, the facility did not place copies of completed grievances in the detainees' files (**Deficiency DGP-3²⁰**).

FOOD SERVICE (FS)

ODO inspected the dry food storage area and found that [REDACTED] items with [REDACTED] ingredients, [REDACTED], were not stored in a secure manner as required by the standard (**Deficiency FS-1²¹**).

ODO inspected the transport sack meals and found they did not include vegetables or a commercially packaged snack food as an extra item (**Deficiency FS-2²²**).

ODO observed kitchen staff during food service operations and found supervisory kitchen staff did not conduct daily health checks of inmate workers at the beginning of each work period (**Deficiency FS-3²³**).

ODO observed food service areas and found that the exit door, next to the food service director's office, was partially blocked by a metal table (**Deficiency FS-4²⁴**).

¹⁹ "C. Appeal...CDFs and IGSA facilities must allow any INS detainee dissatisfied with the facility's response to his/her grievance to communicate directly with INS....

G. Detainee Handbook...The facility shall provide each detainee, upon admittance, a copy of the detainee handbook or equivalent. The grievance section of the detainee handbook will provide notice of the following: ...

4. The procedures for contacting the INS to appeal the decision of the OIC of a CDF or an IGSA facility." See ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(C) and (III)(G)(4).

²⁰ "...A copy of the grievance will remain in the detainee's detention file for at least three years. The facility will maintain that record for a minimum of three years and subsequently, until the detainee leaves INS custody."

See ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(E).

²¹ "All facilities shall have procedures for the handling of food items that pose a security threat... [REDACTED] The purchase order for any of these items will specify the special-handling requirements for delivery. Staff shall store and inventory these items in a secure area in the food service department. Staff shall directly supervise use of these items." See ICE NDS 2000, Standard, Food Service, Section (III)(B)(4).

²² "All meals will be served from established menus in the dining room or housing units. In some circumstances detainees may be provided sack meals. Sack meals shall be provided for: detainees being transported from the facility; detainees arriving/departing between scheduled meal hours; and detainees in the SMU, as provided above....

c. Contents...In addition, each sack shall include: ...

3. Such extras as properly packaged fresh vegetables, e.g., celery sticks, carrot sticks, and commercially packaged 'snack foods,' e.g., peanut butter crackers, cheese crackers, individual bags of potato chips. These items enhance the overall acceptance of the lunches."

See ICE NDS 2000, Standard, Food Service, Section (III)(G)(6)(c).

²³ "The CF or equivalent will inspect all detainee food service workers daily at the start of each work period. Detainees who exhibit signs of illness, skin disease, diarrhea (admitted or suspected), or infected cuts or boils shall be removed from the work assignment and immediately referred to Health Services for determination of duty fitness. The detainees shall return to work only after the FSA has received written clearance from Health Services Staff." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(4).

²⁴ "Aisles and passageways shall be kept clear and in good repair, with no obstruction that could create a hazard or

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action and cleared the obstruction by relocating the metal table away from the exit door **(C-3)**.

ODO found that trash receptacles located within food service areas were not equipped with lids **(Deficiency FS-5²⁵)**.

The kitchen had two stand-alone hand-wash stations located at each end of the food preparation area. The stations were equipped with hot and cold water, soap, and paper towels; however, ODO observed the facility had not posted signs directing food service workers to wash their hands prior to returning to work **(Deficiency FS-6²⁶)**.

ODO inspected the food service chemical storage area and found Material Safety Data Sheets (MSDSs) and accountability logs for all hazardous materials were available for review; however, the log did not contain the quantity of a freezer cleaner, Kool Klean, found in the food service chemical storage cabinet **(Deficiency FS-7²⁷)**.

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by inventorying and logging the correct quantity of Kool Klean in the accountability log **(C-4)**.

ODO inspected food storage areas and observed that the facility did not store food items sufficiently far from the walls to facilitate pest control measures and to prevent damage and contamination **(Deficiency FS-8²⁸)**.

Additionally, ODO found that not all food items were dated, despite the facility having a first-in, first-out stock rotation system in place **(Deficiency FS-9²⁹)**.

Corrective Action: Prior to completion of the inspection, the facility initiated corrective

hamper egress.” See ICE NDS 2000, Standard, Food Service, Section (III)(H)(5)(g).

²⁵ “Garbage and other trash shall be collected and removed as often as possible. The garbage/refuse containers shall have sufficient capacity for the volume, and shall be kept covered, cleaned frequently, and insect- and rodentproof.” See ICE NDS 2000, Standard, Food Service, Section (III)(H)(5)(j).

²⁶ “Adequate and conveniently located toilet facilities shall be provided for all food service staff and detainee workers. Toilet fixtures shall be of sanitary design and readily cleanable. Toilet facilities, including rooms and fixtures, shall be kept clean and in good repair. Signs shall be prominently displayed directing all personnel to wash hands after using the toilet.” See ICE NDS 2000, Standard, Food Service, Section (III)(H)(9)(a).

²⁷ “All staff members shall know where and how much toxic, flammable, or caustic material is on hand, aware that their use must be controlled and accounted-for daily.” See ICE NDS 2000, Standard, Food Service, Section (III)(H)(11)(b).

²⁸ “The following procedures apply when receiving or storing food: ...

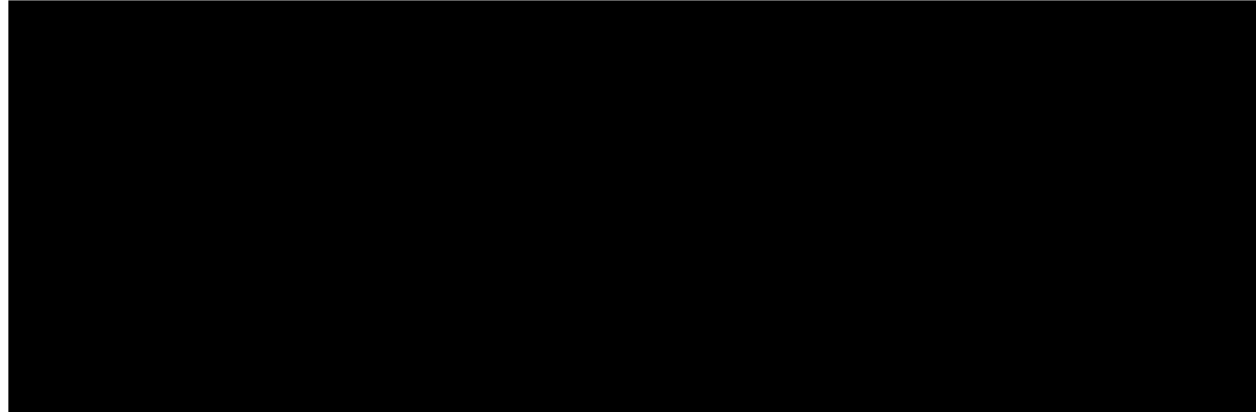
- d. Store all products at least six inches from the floor and sufficiently far from walls to facilitate pest-control measures. A painted line may guide pallet placement.
- e. Store food items at least two inches from the walls and at least six inches above the floor. Wooden pallets may be used to store canned goods and other non-absorbent containers, but not to store dairy products or fresh produce.”

See ICE NDS 2000, Standard, Food Service, Section (III)(J)(3)(d) and (e).

²⁹ “Each facility shall establish a written stock-rotation schedule.” See ICE NDS 2000, Standard, Food Service, Section (III)(J)(5).

action by reviewing food purchase orders and dating food items with missing dates (C-5).

ODO attempted to test the walk-in cooler and freezer safety devices and found neither was equipped with a safety release lock (**Deficiency FS-10³⁰**).



FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed 25 detainee files and found 3 instances in which the property inventory form was not signed by the facility staff member who conducted the inventory. ODO noted this as an **Area of Concern**.

ODO's review of CCJ's F&PP policies found they did not include written procedures for handling lost or damaged property (**Deficiency F&PP-1³¹**).

ODO reviewed the facility's detainee orientation procedures. Detainees were verbally informed of procedures relating to property and funds during intake; however, the facility's detainee handbook did not notify the detainees of the policies and procedures concerning personal property

³⁰ "If latches and locks are incorporated in the door's design and operation incorporates, the interior release-mechanism must open the door with the same amount of pressure even when locks or bars are in place. Whether new or after-market, the inside lever of a hasp-type lock must be able to disengage locking devices and provide egress." See ICE NDS 2000, Standard, Food Service, Section (III)(J)(7)(b).

³¹ "Each facility shall have a written policy and procedures for detainee property reported missing or damaged.... All CDFs and IGSA facilities will have and follow a policy for loss of or damage to property receipted detainee property as follows:

1. All procedures for investigating and reporting property loss or damage will be implemented as specified in this standard;
2. Supervisory staff will conduct the investigation;
3. The senior facility contract officer will process all detainee claims for lost or damaged property promptly;
4. The official deciding the claim will be at least one level higher in the chain of command than the official investigating the claim;
5. The [sic] will promptly reimburse detainees for all validated property losses caused by facility negligence;
6. The [sic] will not arbitrarily impose a ceiling on the amount to be reimbursed for a validated claim; and
7. The senior contract officer will immediately notify the designated INS officer of all claims and outcomes."

See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(H)(Lost/Damaged Property in CDFs and IGSA's)(1-7).

as required by the standard (**Deficiency F&PP-2³²**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed facility and ERO Salt Lake City SDC policies and procedures. ODO found that they addressed unscheduled visits by ERO Salt Lake City supervisory staff; however, ODO found no documentation indicating that ERO Salt Lake City supervisory staff completed unscheduled visits (**Deficiency SDC-1³³**).

ODO reviewed the Model Protocol documentation, which included Facility Liaison Visit Checklists, for the year preceding the inspection and found ERO Salt Lake City did not have completed Facility Liaison Visit Checklists for 13 out of 52 weeks reviewed (**Deficiency SDC-2³⁴**).

ODO reviewed CCJ's procedures and practice for detainees who wish to submit written requests, questions, or concerns and found that, although detainees may submit written requests, questions, or concerns, CCJ does not have a procedure to assist detainees who are disabled, illiterate, and/or non-English proficient (**Deficiency SDC-3³⁵**).

ODO reviewed ERO Salt Lake City's written request record-keeping and found that the field office scanned each detainee's request into an electronic file, then placed a copy in each detainee's detention file, instead of logging the request into a paper or electronic logbook. While this process records most of the information required by the standard, ODO found the detainee's nationality is not logged using this process (**Deficiency SDC-4³⁶**).

³² "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property including:

1. Which items they may retain in their possession;
2. That, upon request, they will be provided an INS-certified copy of any identity document (passport, birth certificate, etc.) placed in their A-files;
3. The rules for storing or mailing property not allowed in their possession;
4. The procedure for claiming property upon release, transfer, or removal;
5. The procedures for filing a claim for lost or damaged property."

See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(J)(1-5).

³³ "Policy and procedures shall be in place to ensure and document that the ICE Officer in Charge (OIC), the Assistant Officer in Charge (AOIC) and designated department heads conduct regular unannounced (not scheduled) visits to the facility's living and activity areas to encourage informal communication between staff and detainees and informally observing living and working conditions." See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(A)(1).

³⁴ "For Inter-Governmental Service Agreements (IGSAs) facilities housing ICE detainees the model protocol should be completed weekly for regularly used facilities and each visit for facilities which are used intermittently." See Change Notice—Staff/Detainee Communication Model Protocol, June 15, 2007.

³⁵ "...A detainee may obtain assistance from another detainee, housing officer, or other facility staff in preparing a request form. The OIC shall ensure that the standard operating procedures cover detainees with special requirements, including those who are disabled, illiterate, or know little or no English. Each facility will accommodate the special assistance needs of such detainees in making a request." See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(B).

³⁶ "All requests shall be recorded in a logbook specifically designed for that purpose. The log, at minimum, shall contain:...

- d. Nationality."

See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(B)(2)(d).

ODO observed ERO Salt Lake City staff completing SDC during the inspection and noted as an **Area of Concern** that officers of the opposite gender did not announce themselves when they entered detainee housing units of the opposite gender.³⁷

TELEPHONE ACCESS (TA)

ODO reviewed telephone serviceability records and found that ERO Salt Lake City completed telephone serviceability worksheets consistently for the six months preceding the inspection; however, ERO Salt Lake City documented completed tests on worksheets only one time for December 2018 and January 2019 respectively (**Deficiency TA-1**³⁸).

VISITATION (V)

ODO reviewed CCJ's visitation policy and procedures and found the written procedures did not include a provision allowing legal service providers to telephone the facility in advance of the visit to determine whether a specific detainee was detained in the facility (**Deficiency V-1**³⁹).

ODO observed the legal visitors' reception area and found that the Notice of Entry of Appearance as Attorney or Accredited Representative (Form G-28) was not available in the reception area, nor were CCJ staff familiar with Form G-28 requirements (**Deficiency V-2**⁴⁰).

CCJ had three no-contact legal visitation rooms, each with a small opening to exchange legal documents; however, the facility did not have written procedures to address the exchange of documents between detainees and their representatives (**Deficiency V-3**⁴¹).

ODO reviewed the facility's detainee handbook and found it did not provide detainees with procedures to address detainee searches. Detainees may be subjected to searches after meeting with legal representatives if there is a security concern (**Deficiency V-4**⁴²).

ODO observed detainees go through intake procedures and found that, although ERO Salt Lake City provided each detainee a current list (2019) of pro bono legal organizations, the pro bono legal organization lists posted in the detainee housing units were dated April 2018 (**Deficiency V-**

³⁷ "The facility shall implement policies and procedures....Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit." *See* Federal Register/Vol. 77, No. 119/Wednesday, June 20, 2012/Rules and Regulations.

³⁸ "The Field Office Director (FOD) shall ensure that all phones in all applicable facilities are tested on a weekly basis. Each serviceability test shall be documented using the attached form." *See* Change Notice—Telephone Access, April 4, 2007.

³⁹ "Each facility shall establish a written procedure to allow legal service providers and legal assistants to telephone the facility in advance of a visit to determine whether a particular individual is detained in that facility." *See* ICE NDS 2000, Standard, Visitation, Section (III)(I)(6).

⁴⁰ "Once an attorney-client relationship has been established, the legal representative shall complete and submit a Form G-28, available in the legal visitors' reception area. Staff shall collect completed forms and forward them to INS." *See* ICE NDS 2000, Standard, Visitation, Section (III)(I)(8).

⁴¹ "The facility's written legal visitation procedures must provide for the exchange of documents between detainee and legal representative (or legal assistant) even when contact visitation rooms are unavailable." *See* ICE NDS 2000, Standard, Visitation, Section (III)(I)(10).

⁴² "Written procedures will govern detainee searches. Each detainee will receive a copy of these search procedures in the detainee handbook or equivalent provided upon admission to the facility." *See* ICE NDS 2000, Standard, Visitation, Section (III)(I)(11).

5⁴³).

ODO observed detailed visitation rules posted in the general visitation area; however, CCJ's visitation policy, which included the facility's legal visitation policy, did not specifically address the following: telephone inquiries; dress code; legal assistants working under the supervision of an attorney; pre-representational meetings; Form G-28 requirements; identification and search of legal representatives; identification of visitors; materials provided to detainees by legal representatives; confidential group legal meetings; and detainee sign-up (**Deficiency V-6⁴⁴**).

Additionally, ODO found CCJ's visitation policy did not include procedures for whether and, if so, under what circumstances animals may accompany human visitors onto the facility property or into the facility (**Deficiency V-7⁴⁵**).

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the facility's chemical storage program and inspected chemical storage areas. ODO found CCJ did not maintain a complete master index of hazardous substances or a master file of MSDSs for chemicals the facility maintained (**Deficiency EH&S-1⁴⁶**).

ODO reviewed hazardous communication training records and found that training documentation showing that the facility instructed detainee workers in the proper use and handling of hazardous substances was not available (**Deficiency EH&S-2⁴⁷**).

ODO found no documentation of a current fire safety inspection conducted by the fire chief (authority having jurisdiction), verifying that the facility followed federal, state, and local fire

⁴³ "INS shall provide the facility with the official list of *pro bono* legal organizations, which is updated quarterly by the Executive Office for Immigration Review. The facility shall promptly and prominently post the current list in detainee housing units and other appropriate areas." See ICE NDS 2000, Standard, Visitation, Section (III)(I)(14).

⁴⁴ "The facility's written legal visitation policy shall be available upon request. The site-specific policy shall specify visitation hours, procedures and standards, including, but not limited to, telephone inquiries; dress code; legal assistants working under the supervision of an attorney; pre-representational meetings; Form G-28 requirements; identification and search of legal representatives; identification of visitors; materials provided to detainees by legal representatives; confidential group legal meetings; and detainee sign-up." See ICE NDS 2000, Standard, Visitation, Section (III)(I)(16).

⁴⁵ "Each facility shall establish and disseminate a policy and implementing procedures governing whether and, if so, under what circumstances animals may accompany human visitors onto or into facility property." See ICE NDS 2000, Standard, Visitation, Section (III)(O)(4).

⁴⁶ "The Maintenance Supervisor or designate will compile a master index of all hazardous substances in the facility, including locations, along with a master file of MSDSs. He/she will maintain this information in the safety office (or equivalent), with a copy to the local fire department. Documentation of the semi-annual reviews will be maintained in the MSDS master file. The master index will also include a comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.)." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(C).

⁴⁷ "Every individual using a hazardous substance in the facility must be familiar with and follow all prescribed precautions, wear personal protective equipment when necessary, and report hazards or spills to the designated authority." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(D).

codes (**Deficiency EH&S-3⁴⁸**).

ODO's review of CCJ's [REDACTED] fire drill reports found fire drills were not conducted in all areas of the facility and that emergency keys were not drawn, tested, and timed during fire drills (**Deficiency EH&S-4⁴⁹**).

ODO observed fire evacuation plans strategically placed throughout the facility; however, ODO found that they did not include emergency equipment locations for fire extinguishers, fire pull alarms, and self-contained breathing apparatus (**Deficiency EH&S-5⁵⁰**).

ODO inspected general housekeeping and sanitation throughout the facility and observed that most areas of the facility were well maintained; however, several detainee housing units were unsanitary. Specifically, wastewater from the [REDACTED] showers of housing units [REDACTED] and [REDACTED] were leaking into the dayroom areas of housing units [REDACTED] on level [REDACTED] creating a serious sanitation concern and structural damage to the ceiling. The showers in housing units [REDACTED], and [REDACTED] needed to be cleaned to remove soap scum from shower walls, soap debris on shower floors, hard water stains on showerheads, handles, and stainless-steel plates, peeling paint, and what appeared to be mold on shower baseboards (**Deficiency EH&S-6⁵¹**).

SPECIAL MANAGEMENT UNIT (ADMINISTRATIVE SEGREGATION) (SMU AS)

ODO reviewed administrative segregation (AS) documentation for the 17 detainees the facility placed on AS during the 12 months preceding the inspection. The facility completed segregation

⁴⁸ "Every facility will comply with standards and regulations issued by the Environmental Protection Agency (EPA) and OSHA, the American Correctional Association's 'mandatory' standards, local and national fire safety codes, and the applicable standards of the American Society for Testing and Materials, American National Standards Institute, and Underwriters' Laboratories or Factory Mutual Engineering Corporation." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(1).

⁴⁹ "[REDACTED] fire drills will be conducted and documented separately in each department..."

c. Emergency-key drills will be included in each fire drill, and timed. Emergency keys will be drawn and used by the appropriate staff to unlock one set of emergency exit doors not in daily use. NFPA recommends a limit of [REDACTED] for drawing keys and unlocking emergency doors."

See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(c).

⁵⁰ "In addition to a general area diagram, the following information must be provided on existing signs: ...

c. Emergency equipment locations."

See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(5)(c).

⁵¹ "Environmental health conditions will be maintained at a level that meets recognized standards of hygiene. The standards include those from the American Correctional Association, the Occupational Safety and Health Administration, the Environmental Protection Agency, the Food and Drug Administration, the National Fire Protection Association's Life Safety Code, and the National Center for Disease Control and Prevention. The INS HSD or IGSA equivalent activities are designed to assist in the identification and correction of conditions that could adversely impact the health of detainees, employees, and visitors. The INS sanitarian consultant is responsible for developing and implementing policies, procedures, and guidelines pertaining to activities of the environmental health program. These elements are intended to evaluate, and eliminate or control as necessary, both sources and modes of transmission of agents or vectors of communicable disease and of injuries. The sanitation consultant will conduct special investigations and comprehensive surveys of environmental health conditions. Advisory, consultative, inspection and training services regarding environmental health conditions will also be provided through the sanitarian consultant. The medical facility HSA is responsible for implementing a program that will assist in maintaining a high level of environmental sanitation. In consultation with the sanitarian consultant, they will provide recommendations to the INS OIC concerning environmental health conditions." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(R)(1).

orders and initial 72-hour reviews; however, a facility supervisor did not complete a 7-day review for 8 detainees who were on AS for more than 7 days and consequently did not provide those 8 detainees with a copy of their AS review (**Deficiency SMU AS-1**⁵²).

USE OF FORCE (UOF)

ODO inspected the facility's UOF equipment, reviewed UOF policy and procedures, and found a staff member was designated the responsibility for maintaining video cameras and other video equipment; however, this responsibility was not identified in facility post orders (**Deficiency UOF-1**⁵³).

ODO inspected CCJ's less lethal devices and found the facility had [REDACTED] and [REDACTED] to use on detainees if needed; however, ODO found no documentation that ERO Salt Lake City approved these devices for use (**Deficiency UOF-2**⁵⁴).

Corrective Action: Prior to completion of the inspection, on August 22, 2019, the AFOD issued a memorandum approving the use of the [REDACTED] on a case-by-case basis (**C-6**).

ODO reviewed written documentation and a video recording of the one UOF incident that took place in the year preceding the inspection. ODO learned that ERO Salt Lake City had not approved the facility's UOF form, which documents UOF incidents (**Deficiency UOF-3**⁵⁵).

Corrective Action: Prior to completion of the inspection, on August 22, 2019, the AFOD reviewed the facility's UOF form and issued a memorandum approving the facility's UOF

⁵² "All facilities shall implement written procedures for the regular review of all administrative-detention cases, consistent with the procedures specified below. A supervisory officer shall conduct the same type of review after the detainee has spent seven days in administrative segregation, and every week thereafter for the first month and at least every 30 days thereafter. The review shall include an interview with the detainee. A written record shall be made of the decision and the justification. A copy of the decision and justification for each review shall be given to the detainee, unless, in exceptional circumstances, this provision would jeopardize security." See ICE NDS 2000, Standard, Special Management Unit (Administrative Segregation), Section (III)(C).

⁵³ "The OIC shall designate responsibility for maintaining the video camera(s) and other video equipment. This shall include regularly scheduled testing to ensure all parts, including batteries, are in working order; and keeping back-up supplies on hand (batteries, tapes, lens-cleaners, etc.). This responsibility shall be incorporated into one or more post orders." See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4)(I).

⁵⁴ "Deviations from the following list of restraint equipment are prohibited: ...

[REDACTED]

See ICE NDS 2000, Standard, Use of Force, Section (III)(C).

⁵⁵ "All facilities shall have a form to document all uses of force. INS shall approve of all use of force forms." See ICE NDS 2000, Standard, Use of Force, Section (III)(J)(1).

form (C-7).

ODO reviewed the facility's UOF after-action review procedures and found the jail commander ensured the UOF after-action review for the one UOF incident was conducted and submitted to ERO Salt Lake City as required by the standard. However, ODO found ERO Salt Lake City had not approved the facility's after-action review procedures (**Deficiency UOF-4**⁵⁶).

Corrective Action: Prior to completion of the inspection, on August 22, 2019, the AFOD reviewed the facility's after-action review procedures and issued a memorandum approving them. (C-8).

HEALTH SERVICES

MEDICAL CARE (MC)

ODO reviewed 20 detainee medical records and found the facility did not complete the physical health assessment for 1 detainee within 14 days of the detainee's arrival (**Deficiency MC-1**⁵⁷).

Additionally, ODO found the facility did not complete the dental screening for 1 detainee within 14 days of the detainee's arrival (**Deficiency MC-2**⁵⁸).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 17 standards under NDS 2000 and found the facility in compliance with 4 of those standards. ODO found 51 deficiencies in the remaining 13 standards. Many of the cited deficiencies were administrative in nature. ODO commends facility staff for their responsiveness during this inspection and noted there were eight instances where staff initiated immediate corrective action during the inspection.

ODO observed several maintenance issues affecting multiple housing units. ODO also noted five **Areas of Concern**. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding, in accordance with contractual obligations.

⁵⁶ "Written procedures shall govern the use-of-force incident review, whether calculated or immediate, and the application of restraints. The review is to assess the reasonableness of the actions taken (force proportional to the detainee's actions), etc. IGSA will pattern their incident review process after INS. INS shall review and approve all After Action Review procedures." See ICE NDS 2000, Standard, Use of Force, Section (III)(K).

⁵⁷ "...The health care provider of each facility will conduct a health appraisal and physical examination on each detainee within 14 days of arrival at the facility." See ICE NDS 2000, Standard, Medical Care, Section (III)(D).

⁵⁸ "An initial dental screening exam should be performed within 14 days of the detainee's arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician's assistant or nurse practitioner." See ICE NDS 2000, Standard, Medical Care, Section (III)(E).

Compliance Inspection Results Compared	FY 2018 (NDS 2000)	FY 2019 (NDS 2000)
Standards Reviewed	N/A	17
Deficient Standards	N/A	13
Overall Number of Deficiencies	N/A	51
Deficient Priority Components	N/A	N/A
Repeat Deficiencies	N/A	N/A
Corrective Actions	N/A	8