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**Office of Detention Oversight
Special Review
2023-003-148**

**Enforcement and Removal Operations
ERO Salt Lake City Field Office**

**Elmore County Jail
Mountain Home, Idaho**

June 13-15, 2023

**SPECIAL REVIEW
of the
ELMORE COUNTY JAIL
Mountain Home, Idaho**

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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 special review of the Elmore County Jail (ECJ) in Mountain Home, Idaho, from June 13 to 15, 2023.¹ The facility opened in 1990 and is owned and operated by the Elmore County Sheriff’s Department. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at ECJ in 2009 under the oversight of ERO’s Field Office Director in Salt Lake City (ERO Salt Lake City). ICE is an authorized user of this facility under a United States Marshals Service intergovernmental agreement contract, which does not specify an ICE National Detention Standard (NDS), and ODO inspected to the NDS listed on the ERO Facility List as of June 13, 2023. ECJ was inspected against NDS 2000, and ODO’s assigned rating is for ERO’s informational purposes only.

[REDACTED] An Elmore County lieutenant handles daily operations and manages [REDACTED] support personnel. Summit Food Service provides food services, Sawtooth Correctional Health provides medical care, and Victus Commissary provides commissary services at the facility. The facility does not hold any accreditations from any outside entities. In January 2018, ECJ was audited for the Department of Justice (DOJ) Prison Rape Elimination Act (PREA) and was DOJ PREA certified.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of June 13, 2023)	[REDACTED]
Adult Female Population (as of June 13, 2023)	[REDACTED]

This was ODO’s first compliance inspection of the Elmore County Jail.

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

² Data Source: ERO Facility List as of June 13, 2023.

³ *Ibid.*

SPECIAL REVIEW PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more detainees, and where detainees are housed for over 72 hours, to assess compliance with ICE NDS. These inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and well-being.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO 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 *Special Review Findings* section of this report.

In fiscal year (FY) 2022, ODO began conducting special reviews of under 72-hour ICE detention facilities with an ADP of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1 to 9 detainees. Additionally, ODO began conducting unannounced inspections of ICE detention facilities, regardless of ADP of detainees, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facility inspections will result in an ODO Inspection Compliance Rating; however, for facilities that are not contractually obligated to an ICE NDS, those ratings will be for ERO’s informational purposes. ODO will conduct a complete review of several core standards, in accordance with the facility’s contractually required ICE NDS or in accordance with the ICE NDS listed in the current ERO Facility List Report for facilities that are not contractually obligated to an ICE NDS, which may include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Suicide Prevention and Intervention, Hunger Strikes, Food Service, Environmental Health and Safety, Special Management Units (SMU) or Hold Rooms if the facility does not have an SMU, Use of Force and Restraints/Use of Physical Control Measures and Restraints, and Sexual Abuse and Assault Prevention and Intervention.

Upon completion of each special review or unannounced 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 its 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 ^{5,6}	Deficiencies
Part 1 - Detainee Services	
Detainee Handbook	0
Food Service	3
Sub-Total	3
Part 2 - Security and Control	
Environmental Health and Safety	13
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	0
Sub-Total	13
Part 3 - Health Services	
Hunger Strikes	0
Medical Care	2
Suicide Prevention and Intervention	2
Sub-Total	4
Other Standards Reviewed	
NDS 2019 Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	0
Total Deficiencies	20

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

⁶ Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

DETAINEE RELATIONS

ODO offered interviews to all five detainees the facility housed during the inspection; however, all five detainees declined ODO's request for an interview.

SPECIAL REVIEW FINDINGS

DETAINEE SERVICES

FOOD SERVICE (FS)

ODO interviewed facility staff, reviewed facility FS policy, and found:

- No assigned chaplain or equivalent to develop a ceremonial meal schedule for the calendar year (**Deficiency FS-226⁷**);
- No consultation with the local religious leaders to develop a ceremonial-meal schedule, which includes the date, religious group, estimated number of participants, and special foods required, during the inspection period (**Deficiency FS-227⁸**); and
- No documentation indicating the FSA contracted for pest control services with an outside exterminator nor any records of an outside exterminator completing pest control services during the inspection period (**Deficiency FS-385⁹**). **This is a priority component.**

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed facility staff, reviewed facility EHS policy, and found:

- No type of inventory recording for hazardous substances before, during, or after use, which included 25 hazardous substances, and specifically for Betco – All - Temp machine detergent and All - Temp Rinse (**Deficiency EHS-2¹⁰**);
- No facility diagram listing all areas where hazardous substances are located

⁷ “The Chaplain, in consultation with the local religious leaders, if necessary, shall develop the ceremonial-meal schedule for the next calendar year, providing it to the OIC.” See ICE NDS 2000, Standard, Food Service, Section (III)(E)(10).

⁸ “The Chaplain, in consultation with the local religious leaders, if necessary, shall develop the ceremonial-meal schedule for the next calendar year, providing it to the OIC. This schedule shall include the date, religious group, estimated number of participants, and special foods required. Ceremonial and commemorative meals shall be served in the food service facility unless otherwise approved by the OIC.” See ICE NDS 2000, Standard, Food Service, Section (III)(E)(10).

⁹ “The FSA is responsible for pest control in the food service department. This responsibility includes contracting the services of an outside exterminator.” See ICE NDS 2000, Standard, Food Service, Section (III)(H)(10).

¹⁰ “Every area will maintain a running inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area. Inventory records will be maintained separately for each substance, with entries for each logged on a separate card (or equivalent). That is, the account keeping will not be chronological, but filed alphabetically, by substance (dates, quantities, etc.)” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(A).

(Deficiency EHS-8¹¹);

- No documentation of completed semi-annual reviews in the material safety data sheet master file **(Deficiency EHS-12¹²);**
- No comprehensive and up-to-date list of emergency contact phone numbers in the master index **(Deficiency EHS-13¹³);**
- No inventory records during the inspection period for 25 hazardous substances, and specifically for Betco – All -Temp machine detergent, and All -Temp rinse **(Deficiency EHS-18¹⁴);**
- No monthly fire drills nor documented separate drills for each department for 9 out of 12 months **(Deficiency EHS-65¹⁵);**
- No timed emergency-key drills during ECJ’s three fire drills completed **(Deficiency EHS-69¹⁶);**
- No use of emergency-keys by appropriate staff during drills to unlock one set of emergency-exit doors not in daily use **(Deficiency EHS-70¹⁷);**
- No English and Spanish instructions indicating emergency equipment locations or “You Are Here” markers posted to the general area diagram nor 12 exit diagrams, and specifically for detainee housing pods 100, 200, 300, 400, 500, 600, 700, 800, 900, 1000, 1100, and 1200 **(Deficiency EHS-71¹⁸);**
- No “Areas of Safe Refuge” markers posted to the general area diagram nor 12 exit diagrams in all detainee housing pods, and specifically for pods 100, 200, 300, 400, 500, 600, 700, 800, 900, 1000, 1100, and 1200 **(Deficiency EHS-72¹⁹);**

¹¹ “The MSDS file in each area should include a list of all areas where hazardous substances are stored, along with a plant diagram and legend. Staff will provide a copy of this information and all MSDSs contained in the file, forwarding updates upon receipt, to the Maintenance Supervisor or designate.” *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(B).

¹² “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.” *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(C).

¹³ “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).

¹⁴ “Accountability: Inventory records for a hazardous substance must be kept current before, during, and after each use.” *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(E)(4).

¹⁵ “Monthly fire drills will be conducted and documented separately in each department.” *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4).

¹⁶ “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 four and one-half minutes for drawing keys and unlocking emergency doors.” *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(c).

¹⁷ “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.” *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(c).

¹⁸ “In addition to a general area diagram, the following information must be provided on existing signs:

- a. English and Spanish instructions;
- b. ‘You Are Here’ markers;”

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

¹⁹ “New signs and sign replacements will also identify and explain ‘Areas of Safe Refuge.’” *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(5).

- No current contract with a licensed pest-control professional to perform monthly inspections (**Deficiency EHS-73²⁰**); and
- No preventative spraying program contract with a licensed pest-control professional (**Deficiency EHS-74²¹**).

ODO interviewed the certified medical assistant; reviewed the clinic sharps inventory in the medical department and Policy 7.12 Control of Tools, Kitchen and Medical Equipment; and found the facility did not accurately account for 4 out of 43 tuberculosis (TB) testing syringes in the medical department (**Deficiency EHS-111²²**).

HEALTH SERVICES

MEDICAL CARE (MC)

ODO interviewed facility staff, reviewed facility MC policy, and found medical staff did not provide newly arrived detainees with TB screenings by the Mantoux method or chest X-ray (**Deficiency MC-24²³**). **This is a priority component.**

ODO interviewed facility staff, reviewed [REDACTED] contracted staff training records, and found in [REDACTED] out of [REDACTED] records, no documented training in response to health-related emergencies requiring a response within 4 minutes (**Deficiency MC-71²⁴**). **This is a priority component.**

SUICIDE PREVENTION AND INTERVENTION (SPI)

ODO interviewed facility staff, reviewed facility policy and training records, and found no record of medical staff members receiving documented training at the time of their individual orientation dates (August and October 2019) nor receipt of their periodic medical training related to suicide prevention (**Deficiency SPI-1²⁵**). **This is a priority component.**

ODO reviewed [REDACTED] medical staff training records and found in [REDACTED] out of [REDACTED] records, no training for the intervention and referral of a detainee, showing signs of suicidal risk. Specifically, ODO found no record of documented training since the start of their employment (August and October

²⁰ “The OIC will contract with licensed pest-control professionals to perform monthly inspections.” *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(M).

²¹ “During these routine inspections, they will identify and eradicate rodents, insects, and vermin. The contract will include a preventative spraying program for indigenous insects.” *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(M).

²² “An inventory will be kept of those items that pose a security risk, such as sharp instruments, syringes, needles, and scissors.” *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(Q)(1).

²³ “All new arrivals shall receive TB screening by PPD (Mantoux method) or chest X-ray.” *See* ICE NDS 2000, Standard, Medical Care, Section (III)(D).

²⁴ “Detention staff will be trained to respond to health-related emergencies within a 4-minute response time.” *See* ICE NDS 2000, Standard, Medical Care, Section (III)(H).

²⁵ “All staff will receive training, during orientation and periodically, in the following: recognizing signs of suicidal thinking, including suspect behavior; facility referral procedures; suicide prevention techniques; and responding to an in-progress suicide attempt.” *See* ICE NDS 2000, Standard, Suicide Prevention and Intervention, Section (III)(A).

2019) (Deficiency SPI-6²⁶).

OTHER STANDARDS REVIEWED

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI) (NDS 2019)

ODO reviewed the facility's SAAPI program and noted the following as **Areas of Concern**:

- ECJ policies and procedures for investigation and the discipline of assailants do not include coordinating with ERO Salt Lake City;
- ERO Salt Lake City did not review nor approve ECJ written policies and procedures;
- ECJ policies and procedures do not state the facility is required to cooperate with all ERO Salt Lake City audits and the monitoring of facility compliance with SAAPI standards;
- ECJ policies and procedures for immediate reporting of sexual abuse allegations through the facility's chain of command do not include procedures for notifying ERO Salt Lake City; and
- ECJ policies and procedures for investigation and discipline of assailants do not include the coordination with the ICE OPR during an internal administrative investigation with the assigned criminal investigative entity to ensure non-interference with criminal investigations.

CONCLUSION

During this special review, ODO assessed the facility's compliance with nine standards under NDS 2000 and one standard under NDS 2019, and found the facility in compliance with six of those standards. ODO found 20 deficiencies in the remaining 4 standards. ODO found mainly administrative deficiencies due to ECJ staff not having documented training, not developing a ceremonial meal schedule, and not tracking hazardous substances the facility used; however, the staff training deficiencies in Medical Care and Suicide Prevention and Intervention are priority component deficiencies as well as the facility not completing TB screenings on newly arrived detainees. This was ODO's first inspection of ECJ, and therefore ODO performed no trend analysis of this facility. ODO recommends ERO Salt Lake City to continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with its contractual obligations.

²⁶ "All staff working with detainees will keep current on the proper course of intervention and referral for a detainee who shows signs of suicide risk." *See* ICE NDS 2000, Standard, Suicide Prevention and Intervention, Section (III)(B).

Compliance Inspection Results Compared	No Previous ODO Inspection	FY 2023 Special Review (NDS 2000)/ (NDS 2019)
Standards Reviewed	N/A	9/1
Deficient Standards	N/A	4
Overall Number of Deficiencies	N/A	20
Priority Component Deficiencies	N/A	4
Repeat Deficiencies	N/A	N/A
Areas Of Concern	N/A	5
Corrective Actions	N/A	0
Facility Rating	N/A	Failure