



U.S. Department of Homeland Security
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 17-21, 2020

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

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COMPLIANCE INSPECTION TEAM MEMBERS



Acting Team Lead

Inspections and Compliance Specialist

Inspections and Compliance Specialist

Contractor

Contractor

Contractor

Contractor

ODO

ODO

ODO

Creative Corrections

Creative Corrections

Creative Corrections

Creative Corrections

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 17 to 21, 2020.¹ The facility opened in 2004 and is owned and operated by Cache County. 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 nor a detention services manager to the facility. A Cache County Sheriff's Office lieutenant handles daily facility operations and is supported by █ personnel. CBM Managed Services provides food and commissary services, and Armor Correctional Health Services provides medical care. The facility does not hold any national accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	32
Average ICE Detainee Population ³	25
Male Detainee Population (as of 8/17/2020)	24
Female Detainee Population (as of 8/17/2020)	1

During its last inspection, in Fiscal Year (FY) 2019, ODO found 51 deficiencies in the following areas: 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); Staff-Detainee Communication (4); Telephone Access (1); Visitation (7); Environmental Health and Safety (6); Special Management Units (Administrative Segregation) (1); Use of Force (4); and Medical Care (2).

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 17, 2020.

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.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

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	1
Admission and Release	2
Detainee Classification System	2
Detainee Grievance System	0
Food Service	2
Funds and Personal Property	0
Recreation	1
Religious Practices	0
Staff-Detainee Communication	1
Telephone Access	1
Visitation	4
Sub-Total	14
Part 2 – Security and Control	
Environmental Health and Safety	3
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	1
Sub-Total	4
Part 3 – Health Services	
Medical Care	0
Suicide Prevention and Intervention	0
Sub-Total	0
NDS 2019 Standards Inspected	
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	0
Total Deficiencies	18

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

DETAINEE RELATIONS

ODO interviewed 12 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. ODO attempted to conduct detainee interviews via video teleconference; however, the ERO field office and facility were not able to accommodate this request due to scheduled court hearings. As such, the detainee interviews were conducted via telephone.

Medical Care: One female detainee stated she was pregnant and the facility provided her with vitamins but the facility had not made an obstetrician available to her.

- Action Taken: ODO reviewed the detainee's medical record and spoke with facility medical staff. ODO found the facility conducted a pregnancy test on her during her intake on August 8, 2020, which confirmed her pregnancy. At that time, the facility medical staff prescribed her pre-natal vitamins and placed her on a medical diet. Additionally, the facility classification staff assigned her to a lower bunk. The facility medical staff conducted a full health assessment on her on August 16, 2020, and they prescribed her medication for nausea and hypertension, and they began daily blood pressure checks to monitor her hypertension. The health services administrator stated she was seven weeks along in her pregnancy and the obstetrician would not see any new patients until after their 10th week. ERO transferred her out of CCJ on September 1, 2020. On September 25, 2020, ERO removed her to her country of birth.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ACCESS TO LEGAL MATERIAL (ALM)

ODO reviewed the postings in the facility's law library and found a repeat deficiency where the facility did not post their procedure for accessing the law library (**Deficiency ALM-1⁶**). Prior to the end of the inspection, the facility added the required procedure to their posting and re-posted the information inside of the law library.

ADMISSION AND RELEASE (A&R)

ODO reviewed 12 detainee files and found an authorized ERO official had not signed 1 out of 12 Orders to Detain or Release (Form I-203), which was a repeat deficiency (**Deficiency A&R-1⁷**).

ODO reviewed the facility's orientation procedures and found the facility did not play their orientation video for detainees during their intake process because of technical difficulties with the video (**Deficiency A&R-2⁸**). This was a repeat deficiency.

DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO reviewed 12 detainee files and found a supervisor did not review and approve the detainees' classification in 12 out of 12 detainee files reviewed, which was a repeat deficiency (**Deficiency DCS-1⁹**).

ODO reviewed the facility's detainee handbook and found it did not notify detainees they may appeal their classification level, which was a repeat deficiency (**Deficiency DCS-2¹⁰**).

⁶ "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;

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). **This is a repeat deficiency.**

⁷ "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)." **This is a repeat deficiency.**

⁸ "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)." **This is a repeat deficiency.**

⁹ "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." **This is a repeat deficiency.**

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

¹⁰ "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). **This is a repeat deficiency.**

FOOD SERVICE (FS)

ODO interviewed the food service director and found [REDACTED] food service staff members received a pre-employment medical examination nor were they medically cleared to work in the food service department prior to beginning work (**Deficiency FS-1¹¹**).

ODO reviewed FS's documentation and photographs of the FS equipment and found a repeat deficiency where the facility had not installed a safety release lock on the walk-in cooler nor the freezer (**Deficiency FS-2¹²**).

ODO observed a repeat **Area of Concern**. The food service inmate toilet facility was not enclosed with a separating wall and door, and the toilet facility was in the immediate area of food preparation operations. The facility had a plastic curtain draped over the front of the restroom for privacy but the curtain was not enough to separate or enclose the toilet facility from the kitchen area. This violated U.S. Public Health Service's Food Code, 2013: 6-202.14, which states, "Except where a toilet room is located outside a FOOD ESTABLISHMENT and does not open directly into the FOOD ESTABLISHMENT such as a toilet room that is provided by the management of a shopping mall, a toilet room located on the PREMISES shall be completely enclosed and provided with a tight-fitting and self-closing door."

RECREATION

ODO reviewed the facility's recreation policy and procedures and found detainees participating in outdoor recreation had to return indoors for drinking water and/or to use the toilet facilities. The facility did not permit those detainees to return to outdoor recreation (**Deficiency R-1¹³**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the facility's detainee request records and found the facility nor ERO Salt Lake City recorded the detainees' nationality as required by the standard (**Deficiency SDC-1¹⁴**).

¹¹ "All food service personnel (both staff and detainee) shall receive a pre-employment medical examination. The purpose of this examination is to exclude those who have a communicable disease in any transmissible stage or condition. Detainees who have been absent from work for any length of time for reasons of communicable illness (including diarrhea) shall be referred to Health Services for a determination as to fitness for duty prior to resuming work." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(3)(a).

¹² "Butter, milk, eggs, and cream shall be separated from foods having strong odors. Eggs shall not be subjected to freezing temperatures. Refrigeration units shall be kept under lock and key when not in use. Walk-in boxes shall be equipped with safety locks that require no more than 15 pounds of pressure to open easily from the inside. 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. The FSA, along with the Safety Manager, will review the walk-in freezer(s) and refrigerator(s) to ensure they operate properly." See ICE NDS 2000, Standard, Food Service, Section (III)(J)(7)(b). **This is a repeat deficiency.**

¹³ "All detainees participating in outdoor recreation shall have access to drinking water and toilet facilities." See ICE NDS 2000, Standard, Recreation, Section (III)(G)(4).

¹⁴ "All requests shall be recorded in a logbook specifically designed for that purpose. The log, at a minimum shall contain: ...

d. Nationality." See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(B)(2)(d). **This is a repeat deficiency.**

TELEPHONE ACCESS (TA)

ODO reviewed the facility's and ERO Salt Lake City's telephone serviceability records and found that ERO Salt Lake City had not completed telephone serviceability worksheets for May and June 2020 (**Deficiency TA-1¹⁵**). This was a repeat deficiency.

VISITATION (V)

ODO reviewed CCJ's visitation policy and procedures and found a repeat deficiency where their 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-1¹⁶**).

ODO reviewed the facility's detainee handbook and found it did not notify detainees the facility may search them after they meet with their legal representatives, provided the facility had probable cause to conduct a search (**Deficiency V-2¹⁷**). This was a repeat deficiency.

ODO observed the list of *pro bono* legal organizations provided by CCJ was from 2019 and not the updated July 2020 list. Additionally, CCJ had not posted the list within the detainee housing units (**Deficiency V-3¹⁸**). Prior to the conclusion of the inspection, the facility posted the July 2020 list of *pro bono* legal organizations in the detainee housing units.

ODO reviewed the facility's legal visitation policy and found a repeat deficiency. CCJ's legal visitation policy did not specify Notice of Entry of Appearance as Attorney or Accredited Representative forms (Form G-28) requirements, confidential group legal meetings, nor detainee sign-up procedures (**Deficiency V-4¹⁹**).

¹⁵ "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. **This is a Repeat Deficiency.**

¹⁶ "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). **This is a repeat deficiency.**

¹⁷ "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). **This is a repeat deficiency.**

¹⁸ "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).

¹⁹ "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). **This is a repeat deficiency.**

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the facility's safety documentation and interviewed the maintenance supervisor and the food service director. ODO found the facility did not maintain accountability logs for the hazardous substances the facility used and stored in the maintenance shop. Additionally, the facility did not maintain inventory records for each hazardous substance they used in the food service areas (EH&S-1²⁰). This was a repeat deficiency.

ODO reviewed the facility's monthly fire drill reports and found the facility did not conduct fire drills in all areas of the facility between March 2020 and July 2020, which was a repeat deficiency (EH&S-2²¹).

ODO reviewed the facility's Fire Prevention, Control, and Evacuation Plan and found the facility did not have a current fire safety inspection conducted by the fire chief or other authority having jurisdiction, which verified the facility was in compliance with federal, state, and local fire codes (EH&S-3²²). This was a repeat deficiency.

USE OF FORCE (UOF)

ODO reviewed the facility's UOF policy, interviewed facility staff and determined the facility's after-action review team consisted of two members and not four members as required by the standard (Deficiency UOF-1²³).

²⁰ "Every area will maintain [REDACTED]

[REDACTED] That is, the account keeping will not be chronological, but [REDACTED] (dates, quantities, etc.)" See ICE NDS 2000, Standard, Environmental Health & Safety, Section (III)(A).

This is a repeat deficiency.

²¹ "[REDACTED] fire drills will be conducted and documented separately in each department.

- a) Fire drills in housing units, medical clinics, and other areas occupied or staffed during non-working hours will be [REDACTED] so that employees on each shift participate in an [REDACTED].
- b) [REDACTED] or in medical areas where patient health could be jeopardized or, in individual cases when evacuation of patients is logistically not feasible. [REDACTED]
- c) [REDACTED] NFPA recommends a limit of [REDACTED]

See ICE NDS 2000, Standard, Environmental Health & Safety, Section (III)(L)(4)(a) thru (c). **This is a repeat deficiency.**

²² "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). **This is a repeat deficiency.**

²³ "... IGSA will pattern their incident review process after INS. INS shall review and approve all After Action Review procedures.

The OIC, the Assistant OIC, the CDEO, and the Health Services Administrator shall conduct the after-action review. This four member After-Action-Review Team shall convene on the workday after the incident." See ICE NDS 2000, Standard, Use of Force, Section (III)(K).

NDS 2019 STANDARDS INSPECTED

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed CCJ's SAAPI policies and procedures and found ERO Salt Lake City had not reviewed nor approved the SAAPI procedures. Additionally, the facility had not posted their SAAPI protocols on the facility website. ODO cited this as an **Area of Concern**.

ODO reviewed CCJ's SAAPI training manuals and training completion records for facility staff. ODO found the facility training for all employees did not include prevention, recognition and appropriate response to allegations or suspicions of sexual assault involving detainees with mental or physical disabilities. The training did not include how to communicate effectively and professionally with detainees who are lesbian, gay, bisexual, transgender, intersex, or gender nonconforming. Additionally, all employees did not receive SAAPI refresher training. ODO cited this as an **Area of Concern**.

ODO reviewed the SAAPI orientation the facility provided to detainees and found the orientation did not include definitions and examples of detainee-on-detainee sexual abuse, staff-on-detainee sexual abuse, and coercive sexual activity. Additionally, the orientation did not include information about self-protection and indicators of sexual abuse, nor did it inform detainees about the prohibition against retaliation, including an explanation that reporting an assault shall not negatively impact their immigration proceedings. ODO cited this as an **Area of Concern**.

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 17 standards under NDS 2000, one standard under NDS 2019, and found the facility in compliance with eight of those standards. ODO found 18 deficiencies in the remaining 10 standards, which included 14 repeat deficiencies. The facility did not have to contractually comply with the NDS 2019 standard and ODO cited all findings in SAAPI as **Areas of Concern**. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2019 (NDS 2000)	FY 2020 (NDS 2000) / (NDS 2019)
Standards Reviewed	17	17/1
Deficient Standards	13	10
Overall Number of Deficiencies	51	18
Repeat Deficiencies	N/A	14
Corrective Actions	8	0