



U.S. Department of Homeland Security
U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
ICE Inspections
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**Office of Detention Oversight
Special Review
2024-003-210**

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

**Cascade County Jail
Great Falls, Montana**

October 24-26, 2023

Amended report as of December 19, 2023

This report has been amended due to ODO receiving updated information regarding the facility's last known Enforcement and Removal Operations, Operational Review Self-Assessment. ODO updated the conclusion paragraph of this report to reflect the correct date. The table of contents was updated to reflect correct page numbers after this update. No other changes were made to this report.

**SPECIAL REVIEW
of the
CASCADE COUNTY JAIL
Great Falls, Montana**

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SPECIAL REVIEW TEAM MEMBERS



Team Lead
Senior Inspections and Compliance Specialist
Contractor
Contractor

ODO
ODO
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 special review of the Cascade County Jail (CCJ) in Great Falls, Montana, from October 24 to 26, 2023.¹ The facility opened in 1997 and is owned and operated by the Cascade County Sheriff's Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at CCJ in 1997 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 Custody Management Division Authorized Facility List as of October 4, 2023. CCJ was inspected against the NDS 2019, and ODO's assigned rating is for ERO's information purposes only.

[REDACTED] A facility administrator handles daily operations and manages support personnel. Summit Correctional Service provides food services, Turn-Key Medical, Inc. provides medical care, and Keefe provides commissary services at the facility. In March 2023, CCJ 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 October 24, 2023)	[REDACTED]
Adult Female Population (as of October 24, 2023)	[REDACTED]

This was ODO's first compliance inspection of CCJ.

¹ This facility holds male and female detainees with security classification levels for periods greater than 72 hours.

² Data Source: ERO Custody Management Division Authorized Facility List as of October 23, 2023.

³ *Ibid.*

SPECIAL REVIEW PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.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 *Special Review Findings* section of this report.

In 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 Custody Management Division Authorized Facility List 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), Significant Self-harm and 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 Sexual Abuse and Assault Prevention and Intervention.

Upon completion of each review, 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 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{5,6}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	10
Sub-Total	10
Part 2 - Security	
Use of Force and Restraints	0
Special Management Unit	0
Staff-Detainee Communication	5
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	5
Part 4 - Care	
Food Service	2
Hunger Strikes	0
Medical Care	3
Significant Self-Harm and Suicide Prevention and Intervention	1
Sub-Total	6
Part 6 - Justice	
Detainee Handbook	3
Sub-Total	3
Total Deficiencies	24

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

⁶ During a special review, ODO will review a facility's compliance with at least 10 individual standards.

DETAINEE RELATIONS

The facility's ICE detainee population count was zero during the entire inspection; therefore, ODO did not conduct any detainee interviews. Despite the facility housing no detainees during the inspection, the facility maintains an active contract to house ICE detainees and had an FY 2023 ADP of 1, meeting ODO's requirement for a special review.

SPECIAL REVIEW FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed the facility's EHS program and written policies, interviewed a CCJ lieutenant, and found the facility had no written hazardous communication program, outlining proper chemical labeling, providing safety data sheets, nor employee training (**Deficiency EHS-1⁷**). **This is a priority component.**

ODO observed CCJ's storage rooms and found the following deficiencies:

- No system for storing, issuing, and maintaining inventories of nor accountability for 57 hazardous materials (**Deficiency EHS-2⁸**);
- No perpetual inventory of the hazardous substances used and stored in the food service and maintenance areas (**Deficiency EHS-3⁹**); and
- No inventory records for each substance the facility had on-hand (**Deficiency EHS-4¹⁰**).

ODO interviewed a CCJ lieutenant, reviewed the master index, and found no comprehensive and up-to-date list of emergency phone numbers (**Deficiency EHS-10¹¹**).

ODO interviewed a CCJ lieutenant, inspected the facility's storage room containing hazardous substances and found no current inventory records for before, during, and after each use of each hazardous substance (**Deficiency EHS-16¹²**).

⁷ "In accordance with OSHA 29 CFR 1910.1200, Hazard Communication, each facility utilizing hazardous chemicals shall create a written hazardous communication program that outlines proper chemical labeling, providing Safety Data Sheets (SDS), and training for employees." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

⁸ "The facility will establish a system for issuing, and maintaining inventories of, and accountability for, hazardous materials." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

⁹ "Every area will have a perpetual inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

¹⁰ "Inventory records will be maintained for each substance." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

¹¹ "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 2019, Standard, Environmental Health and Safety, Section (II)(A)(2).

¹² "c. Inventory records for a hazardous substance must be kept current before, during, and after each use." See ICE

ODO interviewed a CCJ lieutenant and a training officer, reviewed [REDACTED] staff training records, and found in [REDACTED] out of [REDACTED] records, no documentation confirming staff training in emergency plans (**Deficiency EHS-26¹³**).

ODO interviewed a CCJ lieutenant, reviewed the facility's emergency plans, and found the facility last reviewed their emergency plans in 2020 (**Deficiency EHS-27¹⁴**).

ODO toured the facility and found five showers in Unit E, five showers in Unit F, four showers in Unit N, three showers in Unit L, and the two showers in Unit B had soap scum buildup on the walls. Additionally, the nine cells in the booking area and cell E4 in Unit E had graffiti on the walls (**Deficiency EHS-58¹⁵**).

ODO toured the facility and found the facility did not maintain cleanliness and sanitation on all surfaces and fixtures. Specifically, five showers in Unit E, five showers in Unit F, four showers in Unit N, three showers in Unit L, and the two showers in Unit B had soap scum buildup on the walls. Additionally, the nine cells in the booking area and cell E4 in Unit E had graffiti on the walls (**Deficiency EHS-64¹⁶**).

SECURITY

STAFF-DETAINEE COMMUNICATION (SDC)

ODO interviewed a CCJ booking sergeant and found CCJ did not develop a method to document scheduled ERO Salt Lake City visits (**Deficiency SDC-8¹⁷**).

ODO reviewed CCJ procedures, interviewed a CCJ booking sergeant, and found no written procedures to route detainees' requests to the appropriate ERO Salt Lake City official (**Deficiency SDC-11¹⁸**). **This is a priority component.**

ODO interviewed the facility's compliance lieutenant who informed ODO that ERO Salt Lake City staff did not provide CCJ with ICE/ERO posters nor other information to post in the appropriate common areas. ODO toured 14 detainee housing units, 2 recreation areas, the booking and medical areas and found no ICE/ERO informational posters posted within the facility

NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(4)(c).

¹³ "All staff will be trained in the emergency plans, which will be reviewed and updated as appropriate on an annual basis." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(B).

¹⁴ "All staff will be trained in the emergency plans, which will be reviewed and updated as appropriate on an annual basis." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(B).

¹⁵ "Environmental health conditions will be maintained at a level that meets recognized standards of hygiene." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I).

¹⁶ "General: Facility cleanliness and sanitation shall be maintained. All surfaces, fixtures, and equipment shall be kept clean and in good repair." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I)(2).

¹⁷ "Each facility shall develop a method to document ICE visits." See ICE NDS 2019, Standard, Staff-Detainee Communication, Section (II)(B)(4).

¹⁸ "The facility shall have written procedures to route detainee requests to the appropriate ICE/ERO official(s)." See ICE NDS 2019, Standard, Staff-Detainee Communication, Section (II)(C).

(Deficiency SDC-21¹⁹).

ODO interviewed the facility’s compliance lieutenant who informed ODO that ERO Salt Lake City staff did not provide CCJ with the ERO Salt Lake City staff visitation schedule nor contact information. ODO reviewed the CCJ detainee handbook, toured 14 detainee housing units, and found CCJ did not provide contact information and ERO Salt Lake City staff’s hours of availability to the detainees **(Deficiency SDC-22²⁰).**

ODO interviewed the CCJ booking sergeant, observed the CCJ housing units, and found ERO Salt Lake City did not provide CCJ at a minimum, quarterly updates to reflect changes in ERO Salt Lake City personnel **(Deficiency SDC-23²¹).**

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed CCJ’s SAAPI program and noted the following observations as **Areas of Concern:**²²

- No CCJ requirement in PREA policy to cooperate with all ERO Salt Lake City audits and to monitor facility compliance with sexual abuse and assault policies and standards;
- No posting of ERO Salt Lake City sexual abuse and assault awareness notices on all housing unit bulletin boards, along with the name of the facility Prevention of Sexual Assault Compliance Manager and contact information for local organizations specializing in assisting victims of sexual abuse and assault and no “Sexual Assault Awareness Information” pamphlet provided by ERO Salt Lake City;
- No approval of CCJ’s medical staff training procedures by ERO Salt Lake City;
- No explanation of methods by the CCJ booking sergeant for reporting sexual abuse and assault through the ICE Detention and Reporting Information Line, the DHS Office of Inspector General (OIG), nor the ICE Office of Professional Responsibility;
- No name listed of the program coordinator, or designated staff member, nor information on how to contact them in the CCJ detainee handbook nor PREA acknowledgement form;
- CCJ did not inform detainees on how to contact their consular officials, the DHS OIG, or as appropriate, another designated office, to confidentially and, if desired, anonymously report incidents;
- No approval by ERO Salt Lake City of CCJ’s PREA policy;

¹⁹ “The facility administrator shall ensure that all ICE/ERO posters or other information are provided in every housing unit and in appropriate common areas (e.g., recreation areas, dining areas, processing areas).” See ICE NDS 2019, Standard, Staff-Detainee Communication, Section (II)(C)(3).

²⁰ “The facility shall provide contact information for ICE/ERO and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees at the facility.” See ICE NDS 2019, Standard, Staff-Detainee Communication, Section (II)(C)(4).

²¹ “Contact information shall be updated quarterly or more frequently as necessary to reflect changes in ICE/ERO personnel.” See ICE NDS 2019, Standard, Staff-Detainee Communication, Section (II)(C)(4).

²² ERO Custody Management requested ODO inspect all USMS IGA facilities under NDS 2019, effective October 1, 2023. As such, the facility was not under NDS 2019 for at least 90 days and per the SAAPI standard, facilities have 90 days to be in compliance with all SAAPI requirements.

- No written procedures for administrative investigations within PREA policy to include provisions requiring an assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual’s status as detainee, staff, or employee and without requiring any detainee who alleges sexual abuse and assault to submit to a polygraph to determine whether actions or failures to act at the facility contributed to the abuse;
- No negative report submitted by the CCJ PREA Coordinator, stating no SAAPI incidents during this inspection period;
- CCJ PREA Coordinator and staff did not inform detainees their option to report any incident regarding sexual abuse or assault to any staff member, DHS OIG, and the DHS Joint Intake Center; and
- No written procedures within CCJ PREA policy for administrative investigations, requiring preservation of direct and circumstantial evidence and any available physical and deoxyribonucleic acid evidence, electronic monitoring data, interviews of alleged victims, suspected perpetrators, and witnesses, and reviews of prior complaints and reports of sexual abuse and assault involving the suspected perpetrator.

CARE

FOOD SERVICE (FS)

ODO interviewed the CCJ food service director (FSD) and found CCJ did not account for toxic, flammable, nor caustic materials in the foods service areas daily. Specifically, the FSD informed ODO FS staff did not maintain chemical inventory sheets nor accountability logs for the toxic, flammable, and caustic material on hand in the FS chemical storage locker (**Deficiency FS-105²³**).

ODO interviewed the CCJ FSD and found FS staff did not label all containers of toxic, flammable, or caustic materials for easy content identification. Specifically, in the chemical storage locker, ODO observed two spray bottles containing cleaning solution that the facility had not labeled (**Deficiency FS-106²⁴**).

MEDICAL CARE (MC)

ODO reviewed █ detainee medical files and found in █ out of █ files, detainees received initial medical, dental, and mental health screenings between 16 and 122 hours after arrival to CCJ, instead of within the required 12 hours (**Deficiency MC-12²⁵**). **This is a priority component.**

²³ “All staff members shall know where and how much toxic, flammable, or caustic material is on hand, and be aware that their use must be controlled and accounted for daily.” See ICE NDS 2019, Standard, Food Service, Section (II)(I)(9)(b).

²⁴ “All containers of toxic, flammable, or caustic materials shall be prominently and distinctively labeled for easy content identification.” See ICE NDS 2019, Standard, Food Service, Section (II)(I)(9)(c).

²⁵ “As soon as possible, but no later than 12 hours after arrival, all detainees shall receive, by a health care practitioner or a specially trained detention officer, an initial medical, dental and mental health screening and be asked for information regarding any known acute, emergent, or pertinent past or chronic medical conditions, including history of mental illness, particularly prior suicide attempts or current suicidal/homicidal ideation or intent, and any disabilities

ODO interviewed the facility’s health services administrator (HSA), reviewed [REDACTED] medical records, and found in [REDACTED] out of [REDACTED] records, CCJ non-dental nursing staff conducted initial dental screenings; however, they did not receive annual training by a dentist on how to conduct initial dental screenings of detainees (**Deficiency MC-45²⁶**).

ODO reviewed staff training records, interviewed the HSA and compliance lieutenant, and found the facility did not train detention staff to respond to health-related emergencies within a 4-minute response time. Specifically, one health services staff member did not have documentation of current cardiopulmonary resuscitation certification (**Deficiency MC-59²⁷**).

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHSPI)

ODO reviewed [REDACTED] detainee medical files and found in [REDACTED] out of [REDACTED] files, detainees received an initial mental health screening between 16 and 122 hours after arrival to CCJ, instead of within the required 12 hours (**Deficiency SSHSPI-5²⁸**). **This is a priority component.**

JUSTICE

DETAINEE HANDBOOK (DH)

ODO interviewed a CCJ booking sergeant and lieutenant, reviewed the facility detainee handbook, and found no references to available services for disability accommodations (**Deficiency DH-2²⁹**). **This is a priority component.**

ODO interviewed a CCJ booking sergeant and lieutenant, reviewed the facility detainee handbook, and found the CCJ last reviewed the detainee handbook in June 2022 (**Deficiency DH-8³⁰**).

ODO interviewed a CCJ booking sergeant and lieutenant and found ERO Salt Lake City did not provide CCJ with the ICE National Detainee Handbook to distribute to detainees nor did CCJ have a procedure to document detainees’ receipt of the ICE National Detainee Handbook (**Deficiency**

or impairments affecting major life activities.” See ICE NDS 2019, Standard, Medical Care, Section (II)(D).

²⁶ “Such non-dental clinicians shall be trained annually on how to conduct the exam by a dentist.” See ICE NDS 2019, Standard, Medical Care, Section (II)(H).

²⁷ “Detention staff and health care staff will be trained to respond to health-related emergencies within a 4-minute response time. This training will be provided by a responsible medical authority in cooperation with the facility and will include the following: ...

b. The administration of first aid and cardiopulmonary resuscitation (CPR).” See ICE NDS 2019, Standard, Medical Care, Section (II)(K)(b).

²⁸ “All detainees shall receive an initial mental health screening within 12 hours of admission by a health care practitioner or a specially trained detention officer.” See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(C).

²⁹ “The facility handbook will specify in detail the rules, regulations, policies, and procedures with which every detainee must comply and include information about available services such as: disability accommodations.” See ICE NDS 2019, Standard, Detainee Handbook, Section (II)(B).

³⁰ “The facility will review the handbook annually.” See ICE NDS 2019, Standard, Detainee Handbook, Section (II)(E).

DH-9³¹). This is a priority component.

CONCLUSION

During this special review, ODO assessed the facility's compliance with 10 standards under NDS 2019 and found the facility in compliance with 4 of those standards. ODO found 24 deficiencies in the remaining 6 standards. ODO found mainly administrative deficiencies related to tracking hazardous substances at the facility. The deficiencies ODO identified in the Environmental Health and Safety and in the Staff-Detainee Communication standards accounted for 15 out of 24 deficiencies ODO observed. Six out of 24 deficiencies were priority component deficiencies. This was ODO's first inspection of CCJ; therefore, ODO performed no trend analysis of this facility. Prior to this special review, the facility's last known oversight inspection was an ERO Operational Review Self-Assessment (ORSA), which was completed on March 19, 2023, which identified no findings.³² Per ERO's ORSA policy guidelines, FODs are responsible for developing effective oversight relationships with facilities eligible to participate in the ORSA process. Given the number of deficient standards, total number of deficiencies, and the number of priority component deficiencies ODO identified during this special review, ODO recommends ERO Salt Lake City increase oversight to improve compliance and work with the facility to resolve deficiencies in accordance with contractual obligations.

Compliance Inspection Results Compared	No Previous ODO Inspection	FY 2024 Special Review (NDS 2019)
Standards Reviewed	N/A	10
Deficient Standards	N/A	6
Overall Number of Deficiencies	N/A	24
Priority Component Deficiencies	N/A	6
Repeat Deficiencies	N/A	N/A
Areas Of Concern	N/A	11
Corrective Actions	N/A	0
Facility Rating	N/A	Acceptable/Adequate

³¹ "The facility will document and maintain a detainee acknowledgement of receipt of the ICE National Detainee Handbook and facility handbook." See ICE NDS 2019, Standard, Detainee Handbook, Section (II)(F).

³² Operational Review Self-Assessment 2023 Summary Letter dated March 21, 2023.