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**Office of Detention Oversight
Special Review
2024-003-415**

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

**Jefferson County Jail
Rigby, Idaho**

July 16-18, 2024

**SPECIAL REVIEW
of the
JEFFERSON COUNTY JAIL
Rigby, 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 Jefferson County Jail (JCJ) in Rigby, Idaho, from July 16 to 18, 2024.¹ The facility opened in 2007 and is owned by Jefferson County and operated by the Jefferson County Jail. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at JCJ in 2007 under the oversight of ERO's Field Office Director in Salt Lake City (ERO Salt Lake City). The facility operates under the National Detention Standards (NDS) 2019.

[REDACTED] A jail commander handles daily facility operations and manages support personnel. The Jefferson County Jail provides food services, IVY Correctional Medicine provides medical care, and Keefe Group provides commissary services at the facility. The Idaho Sheriff's Association accredited the facility in May 2024. In January 2023, JCJ was audited for Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA certified.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	
Average ICE Population ³	
Adult Male Population (as of July 16, 2024)	
Adult Female Population (as of July 16, 2024)	

This inspection was ODO's first rated compliance inspection of Jefferson County Jail.

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

² Data Source: ERO Custody Management Division Authorized Facility List as of July 15, 2024.

³ *Ibid.*

SPECIAL REVIEW PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) 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 highlights instances when 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.

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 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 uniform corrective action plans (UCAPs); 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 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{5,6,7}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	13
Sub-Total	13
Part 2 - Security	
Use of Force and Restraints	0
Special Management Unit	0
Sexual Abuse and Assault Prevention and Intervention	2
Sub-Total	2
Part 4 - Care	
Food Service	10
Hunger Strikes	1
Medical Care	0
Personal Hygiene	0
Significant Self-Harm and Suicide Prevention and Intervention	1
Sub-Total	12
Part 5 - Activities	
Recreation	0
Sub-Total	0
Total Deficiencies	27

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

⁶ Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

⁷ 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 this inspection, the facility maintains an active contract to house ICE detainees and had an FY 2024 ADP of 2, meeting the requirement for special reviews.

SPECIAL REVIEW FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed the EHS policy, inspected the food and health service chemical storage areas, interviewed a facility lieutenant and food service manager, and found the following deficiencies:

- No written hazardous communication program outlining proper chemical labeling, nor Safety Data Sheets (SDS) and training for employees (**Deficiency EHS-1⁸**). **This is a priority component;**
- No system for storing, issuing, and maintaining inventories of, and accountability for, chemicals kept in the food service (FS) department storage area (**Deficiency EHS-2⁹**);
- No perpetual inventory in every area in the FS department containing hazardous substances (**Deficiency EHS-3¹⁰**);
- No chemical inventories for each hazardous substance in the FS department kept on file (**Deficiency EHS-4¹¹**);
- No corresponding SDSs on file in the housing, laundry, and FS areas for hazardous substances in the chemical storage areas kept on file (**Deficiency EHS-5¹²**);
- No corresponding SDS files for laundry detergent, bleach, fabric softener, and disinfectant tablets stored in the laundry department's chemical storage area kept on file. Additionally, no corresponding SDS kept on file for glass cleaner, liquid disinfectant, and floor cleaner stored in the six-housing units' chemical storage areas

⁸ "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).

⁹ "The facility will establish a system for storing, issuing, and maintaining inventories of, and accountability for, hazardous materials." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

¹⁰ "Every area will have a perpetual inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area. Inventory records will be maintained for each substance." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

¹¹ "Inventory records will be maintained for each substance." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

¹² "In accordance with OSHA requirements, every area using hazardous substances will maintain a file of the corresponding Safety Data Sheets (SDSs)..." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(1).

(Deficiency EHS-6¹³);

- No review of SDS records by the facility maintenance supervisor as confirmed by the facility lieutenant **(Deficiency EHS-7¹⁴);**
- No master index of all hazardous substances and their locations compiled by the facility maintenance supervisor along with an SDS master file **(Deficiency EHS-8¹⁵);**
- No record of reviews kept in the SDS master file **(Deficiency EHS-9¹⁶);**
- No updated list of emergency phone numbers (fire department, poison control center, etc.) included in the master index **(Deficiency EHS-10¹⁷);**
- No familiarity with, nor adherence to, all prescribed precautions, by personnel handling hazardous materials to wear personal protective equipment and reporting hazardous spills to the designated authority **(Deficiency EHS-11¹⁸);**
- No current inventory records kept on file for hazardous substances documenting before, during, and after each use **(Deficiency EHS-16¹⁹);** and
- No training of facility staff working with hazardous materials **(Deficiency EHS-23²⁰).**

SECURITY

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility's SAAPI program, interviewed a facility lieutenant/PREA coordinator, and found ERO Salt Lake City did not approve JCJ's medical staff training procedures for examining and treating abuse victims **(Deficiency SAAPI-39²¹).**

¹³ "The SDSs provide vital information on individual hazardous substances, including instructions on safe handling, storage, and disposal, prohibited interactions, etc. Staff and detainees will have ready and continuous access to SDSs for the substances with which they are working while in the work area." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(1).

¹⁴ "Staff must review SDS files and the Maintenance Supervisor will review the records as necessary." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(1).

¹⁵ "The Maintenance Supervisor or facility designee will compile a master index of all hazardous substances in the facility, including their locations, along with a master file of SDSs. Documentation of reviews will be maintained in the SDS master file." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(2).

¹⁶ "Documentation of reviews will be maintained in the SDS master file." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(2).

¹⁷ "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).

¹⁸ "Every individual using a hazardous substance in the facility must be familiar with and follow all prescribed precautions, wear personal protective equipment (PPE) when necessary, and report hazards or spills to the designated authority." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(3).

¹⁹ "Inventory records for a hazardous substance must be kept current before, during, and after each use." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(4)(c).

²⁰ Staff and detainees who work with hazardous materials will have appropriate training, including the classification code and safe handling procedures for each material." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(6)(b).

²¹ "Facility medical staff shall be trained in procedures for examining and treating victims of sexual abuse in facilities where medical staff may be assigned these activities. This training shall be subject to the review and approval of ICE/ERO." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(E).

ODO reviewed the facility's SAAPI program and instruction/orientation practices and found the facility did not maintain documentation of detainee participation in SAAPI program instruction sessions (**Deficiency SAAPI-45**²²).

CARE

FOOD SERVICE (FS)

ODO reviewed the FS program, interviewed the food service manager (FSM), and found the following deficiencies:

- No "common-fare" menu serving as a foundation for modifications to accommodate a variety of religious diets (**Deficiency FS-57**²³);
- No common-fare menu with a no-flesh protein option offering vegetables, starches, and other foods not seasoned with flesh (**Deficiency FS-58**²⁴);
- No common-fare menu based on a 14-day cycle with special menus for the 10 Federal holidays (**Deficiency FS-60**²⁵);
- No common-fare menu certified as exceeding minimum daily nutritional requirements, nor meeting or exceeding U.S. recommended daily allowances (**Deficiency FS-61**²⁶);
- No disposable plates and utensils nor reusable plates and utensils set aside for common-fare use (**Deficiency FS-65**²⁷);
- No separate cutting boards, knives, food scoops, food inserts, and other such tools, appliances, and utensils set aside for common-fare meal preparation (**Deficiency FS-66**²⁸);
- No common-fare program to accommodate detainees abstaining from foods or fasting for religious purposes at prescribed times of the year (**Deficiency FS-71**²⁹);
- No forwarding of pre-employment medical documentation for one employee to the

²² "The facility shall maintain documentation of detainee participation in the instruction session." *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(F).

²³ "Facilities must make available a "common fare" menu, which serves as the foundation to which modifications may be made to accommodate the religious diets of various faiths (e.g., for the inclusion of halal flesh-food options)." *See* ICE NDS 2019, Standard, Food Service, Section (II)(F)(2).

²⁴ "Common fare represents a no-flesh protein option, offering vegetables, starches, and other foods that are not seasoned with flesh, and must be provided whenever an entrée containing flesh is offered as part of a meal." *See* ICE NDS 2019, Standard, Food Service, Section (II)(F)(2).

²⁵ "The common-fare menu is based on a 14-day cycle, with special menus for the 10 Federal holidays." *See* ICE NDS 2019, Standard, Food Service, Section (II)(F)(2).

²⁶ "The menus must be certified as exceeding minimum daily nutritional requirements, meeting or exceeding U.S. recommended daily allowances (RDAs)." *See* ICE NDS 2019, Standard, Food Service, Section (II)(F)(2).

²⁷ "Common-fare meals shall be served with disposable plates and utensils, except when a supply of reusable plates and utensils has been set aside for common-fare service only." *See* ICE NDS 2019, Standard, Food Service, Section (II)(F)(6).

²⁸ "Separate cutting boards, knives, food scoops, food inserts, and other such tools, appliances, and utensils shall be used to prepare common-fare foods and shall be identified accordingly." *See* ICE NDS 2019, Standard, Food Service, Section (II)(F)(6).

²⁹ "The common-fare program shall accommodate detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year." *See* ICE NDS 2019, Standard, Food Service, Section (II)(F)(7).

- FSM (**Deficiency FS-86**³⁰);
- No inspection by a qualified contractor of the FS department's fixed fire-suppression system since January 5, 2024 (**Deficiency FS-112**³¹); and
- No written procedures implemented for administrative FS personnel to conduct weekly inspections of all FS areas nor for an annual independent inspection to ensure compliance with all governmental health and safety codes (**Deficiency FS-116**³²).

HUNGER STRIKES (HS)

ODO interviewed the facility health services administrator (HSA), reviewed the training records of ■ correctional staff and ■ medical staff, and found in ■ out of ■ records, no initial nor annual hunger strike training completed by any of the staff (**Deficiency HS-1**³³).

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

ODO interviewed the facility HSA, reviewed the training records of ■ correctional staff and ■ medical staff, and found in ■ out of ■ training records, no comprehensive suicide prevention training during orientation followed by annual refresher training (**Deficiency SSHSPI-2**³⁴). **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 5 of those standards. ODO found 27 deficiencies in the remaining 5 standards. ODO found most of the deficiencies to be administrative in nature, including the lack of a hazardous material program, a common-fare menu, and inadequate training for facility staff. ODO also noted two priority component deficiencies for EHS and SSHSPI. Because this was ODO's first inspection of JCJ, ODO did not conduct a trend analysis. ODO recommends ERO Salt Lake City work with the facility to resolve the remaining deficiencies in accordance with contractual obligations.

³⁰ "All food service personnel (both staff and detainee) shall receive a documented preemployment medical examination." See ICE NDS 2019, Standard, Food Service, Section (II)(I)(3)(a).

³¹ "A qualified contractor shall inspect the system every six months." See ICE NDS 2019, Standard, Food Service, Section (II)(I)(10)(c).

³² "The facility shall implement written procedures for the administrative or food service, personnel conducting the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas and an annual independent inspection ensuring that all governmental health and safety codes are being met." See ICE NDS 2019, Standard, Food Service, Section (II)(I)(11)(a).

³³ "All staff shall be trained initially and annually thereafter to recognize the signs of a hunger strike, and to implement the procedures for referral for medical assessment and for management of a detainee on a hunger strike." See ICE NDS 2019, Standard, Hunger Strikes, Section (II)(A).

³⁴ "All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training during orientation and refresher training at least annually thereafter." See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(B).

Compliance Inspection Results Compared	No Previous ODO Inspection	FY 2024 Special Review (NDS 2019)
Standards Reviewed	N/A	10
Deficient Standards	N/A	5
Overall Number of Deficiencies	N/A	27
Priority Component Deficiencies	N/A	2
Repeat Deficiencies	N/A	N/A
Areas Of Concern	N/A	0
Corrective Actions	N/A	0
Facility Rating	N/A	Acceptable/Adequate