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**Office of Detention Oversight
Special Review
2023-003-209**

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

**Mini-Cassia Detention Center
Burley, Idaho**

September 19-21, 2023

**SPECIAL REVIEW
of the
MINI-CASSIA DETENTION CENTER
Burley, 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 Mini-Cassia Detention Center (MDC) in Burley, Idaho, from September 19 to 21, 2023.¹ The facility opened in 1991 and is co-owned by Minidoka and Cassia Counties and operated by the Cassia County Sheriff's Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at MDC in 1993 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 facility administrator handles daily operations and manages support personnel. Summit Food Services provides food and commissary services, and Sawtooth Correctional Medicine provides medical care at the facility. The facility was accredited by the Idaho Sheriffs' Association in December 2022.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of September 19, 2023)	[REDACTED]
Adult Female Population (as of September 19, 2023)	[REDACTED]

This was ODO's first compliance inspection of MDC.

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

² Data Source: ERO Facility List as of September 18, 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 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 *Special Review Findings* section of this report.

Beginning fiscal year (FY) 2022, ODO will conduct 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 will conduct 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. ODO will conduct a complete review of several core standards, which may include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Special Management Units, Educational Policy (Family Residential Standard (FRS) only), Behavior Management (FRS only), Admission and Release, Classification, and Funds and Personal Property.

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	25
Sub-Total	25
Part 2 - Security	
Use of Force and Restraints	2
Special Management Unit	3
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	5
Part 4 - Care	
Food Service	8
Hunger Strikes	1
Medical Care	16
Significant Self-Harm and Suicide Prevention and Intervention	3
Sub-Total	28
Part 6 - Justice	
Detainee Handbook	2
Sub-Total	2
Total Deficiencies	60

⁵ For greater detail on ODO's findings, see the *Special Review 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 interviewed two detainees, who voluntarily agreed to participate and were the only detainees at MDC during the inspection. The detainees made no allegations of discrimination, mistreatment, or abuse and reported satisfaction with facility services.

SPECIAL REVIEW FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed the facility EHS program and policies and found the facility did not create a hazardous communication program, outlining chemical labeling, safety data sheet (SDS) distribution, and employee training (**Deficiency EHS-1**⁷). **This is a priority component.**

ODO reviewed the facility EHS program and policies, interviewed facility staff, inspected the chemical storage areas in the maintenance department, food service department, sallyport, and janitor's closet, and found the following deficiencies:

- No inventory records to account for 11 out of 11 hazardous materials: Great Stuff, Acetone, Spartan Glass Cleaner, Bright Solutions, Spartan Stainless-Steel Cleaner and Polish, Sprayway, Great Value Bleach, Maxim, Spartan Clothesline Fresh, Steriphene II, and EasyPaks (**Deficiency EHS-2**⁸);
- No perpetual inventory of the hazardous (flammable, toxic, or caustic) substances used and stored at the facility (**Deficiency EHS-3**⁹);
- No inventory records for each substance used at the facility (**Deficiency EHS-4**¹⁰); and
- No file of corresponding SDSs in every area using hazardous chemicals (**Deficiency EHS-5**¹¹).

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

The lack of SDS files, chemical inventories, and a hazardous chemical master index resulted in the following related deficiencies:

- Facility staff did not have ready and continuous access to SDSs for the hazardous substances in current use (**Deficiency EHS-6¹²**);
- Facility staff did not review SDS files nor did the facility maintenance supervisor review records as necessary (**Deficiency EHS-7¹³**);
- The facility did not compile a master index of all hazardous substances in the facility, to include their locations and a master index of SDSs (**Deficiency EHS-8¹⁴**);
- No documentation of reviews maintained in an SDS master file (**Deficiency EHS-9¹⁵**);
- No comprehensive and up-to-date list of emergency phone numbers (**Deficiency EHS-10¹⁶**);
- No prescribed precautions to facility staff for the use of hazardous substances, wearing personal protective equipment, nor reporting hazards or spills (**Deficiency EHS-11¹⁷**);
- No inventory records for documenting hazardous substances before, during, and after use (**Deficiency EHS-16¹⁸**); and
- No SDSs governing the use of flammable or combustible liquids (**Deficiency EHS-18¹⁹**).

ODO reviewed the facility EHS program and policies, interviewed facility staff, inspected the chemical storage areas in the maintenance department, food service department, sallyport, and janitor's closet, and found the facility stored five out of five liquids without the prescribed "Flammable" or "Combustible" labeling as per the Federal Hazardous Substances Labeling Act. Specifically, the facility's sallyport contained the designated flammable storage cabinet, but ODO observed no labeling for Great Stuff and acetone in the maintenance department, Bright Solutions and Spartan Stainless-Steel Cleaner and Polish in the food service department, and Bright

¹² "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).

¹³ "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).

¹⁴ "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." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(2).

¹⁵ "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 "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).

¹⁷ "Every individual using hazardous substances 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).

¹⁸ "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).

¹⁹ "The SDS will govern use of a particular flammable or combustible liquid. Staff will follow SDS directions in disposing of excess flammable or combustible liquids and chemical spills." *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(4)(e).

Solutions and Steriphene II in the janitor's closet (**Deficiency EHS-17**²⁰).

ODO reviewed the facility EHS program and documentation, interviewed facility staff, and found no hazardous material training for facility staff (**Deficiency EHS-23**²¹).

Additionally, the facility did not have procedures for detainees with disabilities included in their emergency plan (**Deficiency EHS-25**²²).

ODO observed facility barber operations, interviewed the facility administrator and contract barber, and found the following deficiencies:

- Insufficient lighting in the barbershop room. ODO determined an average of 25.88 foot-candles for lighting in the barbershop instead of the standard for 50 foot-candles (**Deficiency EHS-45**²³);
- No lavatory or sink with hot and cold running water and no available waterless hand sanitizer in the barbershop (**Deficiency EHS-46**²⁴); and
- No waste container nor disinfecting equipment after each use by the barber (**Deficiency EHS-47**²⁵).

ODO interviewed the health services administrator (HSA), reviewed the facility program for the safe handling and disposal of used needles and other potentially sharp objects, inspected the medical exam room, and found the following deficiencies:

- No established uniform procedure to address exposure to bloodborne pathogens (**Deficiency EHS-50**²⁶);
- The inventory records for all items that posed a security risk did not include two suture removing kits containing scissors (**Deficiency EHS-51**²⁷);

²⁰ “Any liquid or aerosol labeled “Flammable” or “Combustible” must be stored and used as prescribed on the label, in accordance with the Federal Hazardous Substances Labeling Act, to protect both life and property.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(4)(d).

²¹ “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).

²² “Plans will include procedures for detainees with disabilities to ensure their safety and security during the facility response.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(B).

²³ “The operation will be located in an area with a sufficient lighting of at least 50-foot candles.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(H)(1)(a).

²⁴ “At least one lavatory/sink with hot and cold running water, or waterless hand sanitizer, will be available.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(H)(1)(b).

²⁵ “Barber operations will be provided with all equipment and facilities necessary for maintaining sanitary procedures for hair care, including containers for waste and disinfectants.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(H)(1)(c).

²⁶ “An established uniform procedure will be provided for the safe handling and disposal of used needles and other potentially sharp objects to prevent both mechanical injury and the percutaneous transmission of infectious disease organisms, especially the hepatitis B virus (HBV) and the human immunodeficiency virus (HIV).” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(H)(2).

²⁷ “A perpetual/running inventory will be kept of those items that pose a security risk, such as sharp instruments, syringes, needles, and scissors.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section

- The HSA did not designate an individual to reconcile the inventories weekly (**Deficiency EHS-52²⁸**);
- No approved contractor for the disposal of biohazardous waste (**Deficiency EHS-55²⁹**); and
- No written exposure-control plan in the event of a needle stick (**Deficiency EHS-57³⁰**).

ODO inspected the facility and found environmental health conditions did not meet recognized standards of hygiene. Specifically, ODO noted soap scum build up on shower walls and floors in housing units 500, 600, and 1500 and missing floor tiles in housing units 600 and 1500 (**Deficiency EHS-64³¹**).

SECURITY

USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed the facility UOFR policy and found no procedures governing mandatory after-action reviews (**Deficiency UOFR-94³²**).

ODO reviewed the facility UOFR training curriculum and found it did not include crisis intervention, conflict de-escalation, recognizing signs and symptoms of mental illness, nor reporting requirements (**Deficiency UOFR-103³³**).

SPECIAL MANAGEMENT UNIT (SMU)

ODO reviewed the facility SMU policies and training program, interviewed the facility administrator, and found the following deficiencies:

- No procedures for the regular placement review of detainees held in administrative segregation (**Deficiency SMU-21³⁴**);

(II)(H)(2)(a).

²⁸ “This inventory will be reconciled weekly by an individual designated by the medical facility Health Service Administrator (HSA) or equivalent.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(H)(2)(a).

²⁹ “The facility will make arrangements for disposal with an approved contractor.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(H)(2)(b)(1).

³⁰ “A written exposure control plan will be followed in the event of a needle stick.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(H)(2)(c).

³¹ “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).

³² “Written procedures shall govern the mandatory after-action review for use-of-force incidents (whether calculated or immediate), and for the application of restraints.” *See* ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(K).

³³ “Staff shall be trained in approved methods of self-defense, crisis intervention, conflict de-escalation, use of force techniques, recognizing signs and symptoms of mental illness, and reporting requirements.” *See* ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(L).

³⁴ “All facilities shall implement written procedures for the regular placement review of all detainees held in administrative segregation, consistent with the procedures specified below.” *See* ICE NDS 2019, Standard, Special Management Unit, Section (II)(A)(3).

- No procedures for the regular review of all disciplinary segregation cases (**Deficiency SMU-44**³⁵); and
- No SMU staff training program (**Deficiency SMU-86**³⁶).

CARE

FOOD SERVICE (FS)

ODO toured the facility FS department, reviewed documentation, interviewed the food service coordinator (FSC), and found the following deficiencies:

- The facility prepared and stored pinto beans for kosher and vegetarian meals beyond 24 hours (**Deficiency FS-47**³⁷);
- No documented pre-employment medical examinations for FS staff (**Deficiency FS-86**³⁸); and
- No inventory records to account for six out of six toxic, flammable, or caustic materials stored in the FS department: Spartan Glass Cleaner, Bright Solutions, Spartan Stainless-Steel Cleaner and Polish, Sprayway, Great Value Bleach, and Maxim (**Deficiency FS-105**³⁹).

ODO reviewed the fire suppression inspection records and found the last qualified contractor inspection of the system was on January 18, 2023 (**Deficiency FS-112**⁴⁰).

ODO reviewed the facility FS policy, interviewed the FSC, and found the facility did not implement written procedures nor maintain documentation for weekly inspections of all FS areas, including dining, storage, equipment, and food-preparation areas (**Deficiency FS-116**⁴¹).

³⁵ “All facilities shall implement written procedures for the regular review of all disciplinary segregation cases, consistent with the following procedures: ...” *See* ICE NDS 2019, Standard, Special Management Unit, Section (II)(B)(3).

³⁶ “Security staff assigned to SMU shall receive training in relevant topics, such as:

1. Identifying signs of mental health decompensation;
2. Techniques for appropriate interactions with mentally ill detainees;
3. The impact of isolation; and
4. De-escalation techniques”

See ICE NDS 2019, Standard, Special Management Unit, Section (II)(L)(1-4).

³⁷ “Prepared and properly maintained food items which have not been placed on the serving line may be retained for no more than 24 hours.” *See* ICE NDS 2019, Standard, Food Service, Section (II)(E)(4).

³⁸ “All food service personnel (both staff and detainees) shall receive a documented preemployment medical examination.” *See* ICE NDS 2019, Standard, Food Service, Section (II)(I)(3)(a).

³⁹ “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).

⁴⁰ “A qualified contractor shall inspect the system every six months.” *See* ICE NDS 2019, Standard, Food Service, Section (II)(I)(10)(c).

⁴¹ “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.” *See* ICE NDS 2019, Standard, Food Service, Section (II)(I)(11)(a).

ODO reviewed the facility FS procedures and documentation, interviewed the FSC, and found from September 1, 2022, through August 31, 2023, the FS staff did not:

- Document daily refrigerator and water temperature checks (**Deficiency FS-117⁴²**);
- Conduct temperature checks of the dishwasher for every meal nor for the walk-in refrigerator and freezer according to a site-specific schedule (**Deficiency FS-118⁴³**); and
- Record and file daily temperature checks to ensure accessibility (**Deficiency FS-119⁴⁴**).

HUNGER STRIKES (HS)

ODO reviewed ■ non-medical and ■ medical staff training records and found in ■ out of ■ training records, no documented hunger strike training at orientation and annually thereafter nor any training curriculum for hunger strikes (**Deficiency HS-1⁴⁵**).

MEDICAL CARE (MC)

ODO reviewed ■ detainee medical records and found credentialed health care personnel did not perform duties within their scope of practice. Specifically, on August 8 and August 18, 2023, a licensed practical nurse (LPN) and a certified nurse aide (CNA) performed comprehensive health assessments, but the Idaho Nursing Act, dated May 21, 2020, and the Idaho Administrative Procedure Act, Rules 24.34.01 and 23.01.01.490, do not authorize LPNs and CNAs to conduct comprehensive health assessments (**Deficiency MC-11⁴⁶**). **This is a priority component.**

As a result of the LPN and CNA conducting the detainee assessments on August 8 and August 18, 2023, ODO identified the following related deficiencies:

- Unauthorized medical staff conducted two detainee comprehensive health assessments (**Deficiency MC-28⁴⁷**);

⁴² “Staff shall check refrigerator and water temperatures daily, recording the results.” See ICE NDS 2019, Standard, Food Service, Section (II)(I)(11)(a).

⁴³ “Daily checks of equipment temperatures shall follow this schedule: ...

1) Dishwashers every meal...

3) Refrigeration/freezer equipment (walk-in units): site-specific schedule, established by the FSA.”

See ICE NDS 2019, Standard, Food Service, Section (II)(I)(11)(b)(1)(3).

⁴⁴ “All temperature-check documentation shall be filed and accessible.” See ICE NDS 2019, Standard, Food Service, Section (II)(I)(11)(b).

⁴⁵ “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).

⁴⁶ “Health care staff shall have a valid professional licensure and/or certification for the jurisdiction in which they practice and will perform duties within the scope of their clinical license.” See ICE NDS 2019, Standard, Medical Care, Section (II)(C).

⁴⁷ “Health assessments shall be performed by a physician, physician assistant, nurse practitioner, registered nurse (RN) (with documented initial and annual training provided by a physician), or other health care practitioner, as permitted by law.” See ICE NDS 2019, Standard, Medical Care, Section (II)(E).

- The facility provider did not review two detainee physical examinations by personnel other than the provider (**Deficiency MC-29⁴⁸**); and
- Unauthorized medical staff conducted two detainee initial dental screenings (**Deficiency MC-44⁴⁹**).

ODO reviewed █ detainee medical records and found in █ out of █ records, medical staff conducted █ intake screenings between 15 and 130 hours after arrival and no intake screening at all for 1 detainee (**Deficiency MC-12⁵⁰**). **This is a priority component.**

ODO reviewed █ detainee medical records and found in █ out of █ records, no documented information obtained by medical staff regarding any known acute, emergent, or pertinent past or chronic medical conditions. Specifically, the detainee arrived at the facility on November 29, 2022, and ODO found no documentation of an intake screening before the detainee’s transfer on November 30, 2022 (**Deficiency MC-13⁵¹**). **This is a priority component.**

ODO reviewed █ detainee medical records and found in █ out of █ records, the facility had no documentation confirming detainees received tuberculin skin tests nor chest X-rays in addition to symptom screenings (**Deficiency MC-18⁵²**). **This is a priority component.**

ODO reviewed facility MC policy, interviewed medical staff, and found the written plans did not address:

- The management of infectious and communicable diseases (**Deficiency MC-25⁵³**). **This is a priority component;**
- Reporting and collaboration with local or state health departments (**Deficiency MC-26⁵⁴**); and
- Exposure to blood borne pathogens (**Deficiency MC-74⁵⁵**).

⁴⁸ “When a physical examination is not conducted by a provider, it must be reviewed by a provider.” See ICE NDS 2019, Standard, Medical Care, Section (II)(E).

⁴⁹ “If no on-site dentist is available, the initial dental screening may be performed by a physician, physician assistant, nurse practitioner, or registered nurse.” See ICE NDS 2019, Standard, Medical Care, Section (II)(H).

⁵⁰ “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 ...” See ICE NDS 2019, Standard, Medical Care, Section (II)(D).

⁵¹ “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 or impairments affecting major life activities.” See ICE NDS 2019, Standard, Medical Care, Section (II)(D).

⁵² “All new arrivals shall receive tuberculosis (TB) screening in accordance with the most current Centers for Disease Control and Prevention (CDC) guidelines, including, but not limited to, CDC Guidelines for Correctional Facilities, prior to being placed in general population.” See ICE NDS 2019, Standard, Medical Care, Section (II)(D)(1).

⁵³ “The facility will have written plans that address the management of infectious and communicable diseases, including, but not limited to, testing, isolation, prevention, and education.” See ICE NDS 2019, Standard, Medical Care, Section (II)(D)(2).

⁵⁴ “This also includes reporting and collaboration with local or state health departments in accordance with state and local laws and recommendations.” See ICE NDS 2019, Standard, Medical Care, Section (II)(D)(2).

⁵⁵ “The facility shall establish a written plan to address exposure to bloodborne pathogens and post-exposure

ODO reviewed [REDACTED] non-dental clinician training records and found in [REDACTED] out of [REDACTED] records, no documentation for training of non-dental clinicians by a dentist on how to conduct an initial dental screening exam (**Deficiency MC-45**⁵⁶).

ODO reviewed [REDACTED] non-medical and [REDACTED] medical staff training records and found in [REDACTED] out of 16 records, 1 medical staff member did not have a current cardiopulmonary resuscitation license (**Deficiency MC-57**⁵⁷). **This is a priority component.**

ODO reviewed [REDACTED] detainee medical records and found in [REDACTED] out of [REDACTED] records, medical staff did not obtain specific signed and dated consent forms from detainees before any medical examination or treatment (**Deficiency MC-92**⁵⁸). **This is a priority component.**

ODO reviewed [REDACTED] medical files of detainees who refused treatment this reporting period and found in [REDACTED] out of [REDACTED] files, no documentation of staff treatment efforts nor the refusal of treatment in the detainees' medical records (**Deficiency MC-98**⁵⁹).

ODO reviewed the facility detainee handbook and found no reference for detainees or their representatives to request and receive copies of their medical records (**Deficiency MC-102**⁶⁰).

ODO reviewed [REDACTED] detainee medical records of detainees transferred to another detention facility and found in [REDACTED] out of [REDACTED] records, the facility did not ensure a medical transfer summary accompanied the detainee (**Deficiency MC-109**⁶¹).

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

ODO reviewed [REDACTED] non-medical and [REDACTED] medical staff training records and found in [REDACTED] out of [REDACTED] records, no comprehensive suicide prevention training during orientation nor refresher training at

intervention, including prophylactic administration of medication, as appropriate and according to facility policies; the management of hepatitis A, B, and C; and the management of HIV infection, including reporting." See ICE NDS 2019, Standard, Medical Care, Section (II)(N).

⁵⁶ "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).

⁵⁷ "Detention staff and health care staff will be trained to respond to health-related emergencies within a 4-minute response time." See ICE NDS 2019, Standard, Medical Care, Section (II)(K).

⁵⁸ "The facility health care practitioner will obtain specific signed and dated consent forms from all detainees before any medical examination or treatment, except in emergency circumstances." See ICE NDS 2019, Standard, Medical Care, Section (II)(O).

⁵⁹ "Medical staff will document their treatment efforts and the refusal of treatment in the detainee's medical record." See ICE NDS 2019, Standard, Medical Care, Section (II)(O).

⁶⁰ "Detainees and their representatives shall be allowed to request and receive medical records pursuant to facility policy, which shall be communicated to the detainee in the facility handbook." See ICE NDS 2019, Standard, Medical Care, Section (II)(P).

⁶¹ "When a detainee is transferred to another detention facility, the sending facility shall ensure that a medical transfer summary accompanies the detainee." See ICE NDS 2019, Standard, Medical Care, Section (II)(Q)(3)(a).

least annually (**Deficiency SSHSPI-2⁶²**). **This is a priority component.**

ODO reviewed █ detainee medical records and found in █ out of █ records, medical staff conducted █ intake screenings between 15 and 130 hours after arrival and no intake screening at all for 1 detainee (**Deficiency SSHSPI-5⁶³**). **This is a priority component.**

ODO reviewed █ detainee medical records and found █ out of █ records information regarding a history of suicidal behavior and current suicidal ideation was not obtained. Specifically, the detainee arrived at the facility on November 29, 2022, and there was no record staff completed the intake screening process, which includes gathering information from the detainee regarding their history of suicidal behavior and their current suicidal ideations (**Deficiency SSHSPI-6⁶⁴**).

JUSTICE

DETAINEE HANDBOOK (DH)

ODO reviewed the facility handbook and found no references to available services for disability accommodations (**Deficiency DH-2⁶⁵**). **This is a priority component.**

ODO reviewed █ detainee detention files and found in █ out of █ files, no detainee acknowledgement of receipt of the facility and ICE National Detainee handbooks (**Deficiency DH-9⁶⁶**). **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 2 of those standards. ODO found 60 deficiencies in the remaining 8 standards. ODO found mainly administrative deficiencies due to no updated facility policies to reflect NDS 2019 requirements for the lack of all required staff training and lack of current inventory for hazardous substances used at the facility. Twelve of the deficiencies were priority component deficiencies. This was ODO's first inspection of MCD; 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 occurred

⁶² "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).

⁶³ "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).

⁶⁴ "Information regarding a history of suicidal behavior and current suicidal ideation shall be obtained." *See* ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(C).

⁶⁵ "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).

⁶⁶ "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).

on November 29, 2021.⁶⁷ 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 2023 Special Review (NDS 2019)
Standards Reviewed	N/A	10
Deficient Standards	N/A	8
Overall Number of Deficiencies	N/A	60
Priority Component Deficiencies	N/A	12
Repeat Deficiencies	N/A	N/A
Areas Of Concern	N/A	0
Corrective Actions	N/A	0
Facility Rating	N/A	Failure

⁶⁷ Data Source: ERO Facility List as of September 18, 2023.