



U.S. Department of Homeland Security

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

Utah County Jail

Spanish Fork, Utah

May 18–21, 2015

**COMPLIANCE INSPECTION
for the
UTAH COUNTY JAIL
SPANISH FORK, UTAH
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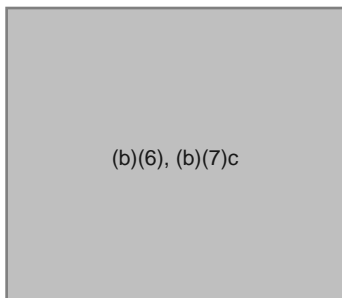
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INSPECTION TEAM MEMBERS



| | |
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| Lead Inspections and Compliance Specialist | ODO |
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EXECUTIVE SUMMARY

The Office of Detention Oversight (ODO) conducted a compliance inspection of the Utah County Jail (UCJ) in Spanish Fork, Utah, from May 18 to 21, 2015.¹ UCJ opened in 1997 and is owned and operated by the Utah County Sheriff's Office. Enforcement and Removal Operations (ERO) began housing detainees at UCJ in 1997 pursuant to an Intergovernmental Service Agreement (IGSA), under the oversight of ERO's Field Office Director (FOD) in Salt Lake City, Utah.

ERO staff members are not assigned to the facility, and a Detention Services Manager is not assigned to the facility. A Chief Deputy is responsible for oversight of daily facility operations and is supported by (b)(7)e personnel. Utah County Sheriff's Office provides food services and the County of Utah provides medical services. The facility holds an accreditation with the National Commission on Correctional Health Care.

| Capacity and Population Statistics | Quantity |
|--|----------|
| ICE Detainee Bed Capacity ² | 250 |
| Average ICE Detainee Population ³ | 157 |
| Male Detainee Population (as of 05/19/2015) | 172 |
| Female Detainee Population (as of 05/19/15) | 3 |

OVERALL FINDINGS

In May 2012, ODO conducted an inspection of UCJ under the National Detention Standards (NDS) 2000, reviewing the facility's compliance with 18 standards and finding the facility compliant with 14 standards. There were a total of 11 deficiencies in the remaining four standards.

| Inspection Results Compared | FY 2012 (NDS 2000) | FY2015 (NDS 2000/ SAAPI) |
|--------------------------------|--------------------|--------------------------|
| Standards Reviewed | 18 | 16 |
| Deficient Standards | 4 | 9 |
| Overall Number of Deficiencies | 11 | 17 |
| Corrective Action | 0 | 1 |
| Deficient Priority Components | N/A | N/A |

In FY2015, ODO evaluated UCJ's compliance with 15 standards under the NDS 2000, in addition to the Performance-Based National Detention Standards 2011, Sexual Abuse and Assault Prevention and Intervention (SAAPI)⁴ standard, and found the facility compliant with seven standards. ODO found 17 deficiencies, one of which was a repeat deficiency, under the remaining nine standards.⁵ Finally, ODO identified one opportunity where the facility initiated corrective action during the course of the inspection.⁶

¹ Male and female detainees of security classification levels "Low," "Medium," and "High" are detained at the facility for periods in excess of 72 hours.

² Data Source: ERO Facility List Report as of May 18, 2015.

³ Ibid.

⁴ The UCJ is contractually required to comply with the PBNDS 2011 Sexual Abuse and Assault Prevention Intervention (SAAPI) standard, as of November 1, 2012.

⁵ ODO identified a repeat deficiency in the Environmental Health and Safety standard.

⁶ Corrective actions, where immediately implemented, best practices and ODO recommendations, as applicable, have been identified in the Inspection Findings section and annotated with a "C", "BP" or "R", respectively.

FINDINGS BY NDS 2000 MAJOR CATEGORIES

| NDS 2000 STANDARDS INSPECTED ⁷ | DEFICIENCIES |
|---|--------------|
| Part 1 – Detainee Services | |
| 1. - Access to Legal Material | 0 |
| 2. - Admission and Release | 1 |
| 4. - Detainee Classification System | 2 |
| 5. - Detainee Grievance Procedures | 0 |
| 6. - Detainee Handbook | 0 |
| 7. - Food Service | 1 |
| 8. - Funds and Personal Property | 2 |
| 15. - Staff-Detainee Communication | 2 |
| 16. - Telephone Access | 1 |
| Sub-Total | 9 |
| Part 2 – Security and Control | |
| 7. - Environmental Health and Safety | 2 |
| 13 - Special Management Unit (Administrative) | 0 |
| 14. - Special Management Unit (Disciplinary) | 0 |
| 17. - Use of Force | 0 |
| Sub-Total | 2 |
| Part 3 – Health Services | |
| 2. - Medical Care | 4 |
| 3. - Suicide Prevention and Intervention | 2 |
| Sub-Total | 6 |
| PBNDS 2011 STANDARD INSPECTED | DEFICIENCIES |
| Part 4 – Safety | |
| 2.11 - Sexual Abuse and Assault Prevention and Intervention | 0 |
| Sub-Total | 0 |
| Total Deficiencies | 17 |

⁷ For greater detail on ODO’s findings, see the *Inspection Findings* section of this report.

INSPECTION PROCESS

Every fiscal year, the Office of Detention Oversight (ODO), a unit within U.S. Immigration and Customs Enforcement's (ICE) Office of Professional Responsibility (OPR), conducts compliance inspections at detention facilities in which detainees are accommodated for periods in excess of 72 hours and with an average daily population greater than ten to determine compliance with the applicable ICE National Detention Standards (NDS) 2000, the Performance-Based National Detention Standards (PBNDS) 2008 or 2011.

During the compliance inspection, ODO reviews each facility's compliance with those detention standards that directly affect detainee health, safety, and/or well-being.⁸ Any violation of written policy specifically linked to ICE detention standards, other policies, or operational procedures that ODO identifies is noted as a deficiency. ODO will highlight any deficiencies found involving those standards that ICE has designated with either the PBNDS 2008 or 2011 to be "priority components."⁹ ICE considers those components to be of critical importance, given their impact on facility security and/or the health and safety, legal rights, and quality of life of detainees in ICE custody.

Immediately following an inspection, ODO hosts a closeout briefing in person with both facility and ERO field office management to discuss their preliminary findings, which are summarized and provided to ERO in a preliminary findings report. Thereafter, ODO provides ERO with a final compliance inspection report to: (i) assist ERO in working with the facility to develop a corrective action plan to resolve identified deficiencies; and (ii) provide senior ICE and ERO leadership with an independent assessment of the overall state of ICE detention facilities. The reports enable senior agency leadership to make decisions on the most appropriate actions for individual detention facilities nationwide.

⁸ ODO reviews the facility's compliance with selected standards in their entirety.

⁹ Priority components have not been identified for the NDS 2000.

DETAINEE RELATIONS

ODO interviewed 26 detainees, who volunteered to participate. None of the detainees made allegations of mistreatment, abuse, or discrimination. The majority of detainees reported being satisfied with facility services, with the exception of the complaints below:

- *Medical Care:* One detainee alleged he needed eyeglasses, knee surgery, dental work and medical treatment for his eye. One detainee alleged he was supposed to receive surgery three weeks prior to the inspection to remove a lump on his body.

Action Taken: ODO consulted with medical staff about the aforementioned allegations. Medical services notified ODO that the detainee, with allegations of needing dental and other medical services, visited the dentist three months earlier and made no further requests for additional dental work. The detainee had a previous appointment for his eyes, which did not need medical treatment. At the time of the inspection, glasses were ordered for the detainee. A review of the medical request log revealed there were no documented requests for the detainee to have his knee examined; consequently, the detainee was referred to the medical department for further review. Medical services notified ODO that the detainee, with allegations of needing surgery for a lump on his body, received medical care for the lump, which was determined not to be life-threatening. Rather, the lump was determined to be infected, and the detainee was prescribed pain medication and an antibiotic to treat the infection. The detainee was referred to the medical department for further review; however, since receiving medical care, the detainee has not submitted a request for the removal of the lump.

- *Strip Searches:* Two detainees alleged they were strip-searched at the facility. One detainee alleged he was strip-searched during the admission process. Another detainee alleged he was strip-searched while in the Special Management Unit.

Action Taken: ODO reviewed security footage of the intake process for the detainee alleging he was strip-searched during admission. The detainee was observed receiving a pat down search during admission. The detainee went to the restroom alone and returned to complete the admission process. The detainee was not observed being striped searched during any point of the admission process. The detainee, alleging he was strip-searched in the special management unit, was strip-searched in accordance with the facility's policy, due to suspicion of concealing weapons and contraband.

INSPECTION FINDINGS

DETAINEE SERVICES

ADMISSION AND RELEASE (AR)

The orientation video provides the required information on facility operations, programs and services; however, the Supervisory Detention and Deportation Officer and UCJ lieutenant in charge of policies stated they are unaware of any written or oral approval of the orientation video received from the field office (**Deficiency AR-1¹⁰**).

DETAINEE CLASSIFICATION SYSTEM (DCS)

An ODO review of 25 classification records and interview with facility classification staff revealed all detainees are classified as level II regardless of criminal history, which does not meet ICE requirements (**Deficiency DCS-1¹¹**).

An ODO review of 25 classification records and interview with facility classification staff revealed a supervisory officer does not conduct a review of each classification in accordance with the standard (**Deficiency DCS-2¹²**).

FOOD SERVICE (FS)

An interview with the food service manager and review of available inspection reports and logs revealed, water temperatures in the dishwashing machines are not checked and recorded at least daily, and there is no documentation the food service manager walks through the food service area once a week (**Deficiency FS-1¹³**).

FUNDS AND PERSONAL PROPERTY (F&PP)

An interview with intake staff and a review of 25 detainee files revealed the facility does not obtain a forwarding address from detainees who have property (**Deficiency F&PP-1¹⁴**). Staff notified ODO that instances of abandoned or forgotten property are reported to ERO. Corrective

¹⁰ “In IGSA’s the INS office of jurisdiction shall approve all orientation procedures.” See ICE NDS 2000, Standard, Admissions and Release, Section (III)(J).

¹¹ “The facility shall abide by INS policy, rules and guidelines as set forth in this Standard and implemented in 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.” See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(A).

¹² “The first-line supervisor will review and approve each detainee’s classification.” See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(A)(3).

¹³ “All components of the food service department, (ranges, ovens, refrigerators, mixers, dishwashers, garbage disposal, etc.) require frequent inspection to ensure their sanitary and operable condition. Staff shall check refrigerator and water temperatures daily, recording the results. The FSA or CS of food service shall inspect food service areas weekly.” See ICE NDS 2000, Standard, Food Service, Section (III)(H)(13)(a).

¹⁴ “Standard operating procedure will include obtaining a forwarding address from every detainee who has personal property that could be lost or forgotten in the facility after the detainee’s release, transfer, or removal.” See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(C).

action was not initiated prior to the completion of the inspection, but the Supervisory Detention and Deportation notified ODO a forwarding address will be collected from all detainees in the future.

The facility conducted inventories and audits of detainee funds, valuables and personal property as required by NDS 2000 but do not have a written policy addressing the inventories and audits (**Deficiency F&PP 2¹⁵**).

STAFF-DETAINEE COMMUNICATION (SDC)

A review of the facility's standard operating procedure for Inmate Request Forms revealed it does not cover detainees with special requirements who may need assistance from another detainee, housing unit officer, or other facility staff member in preparing a request form (**Deficiency SDC-1¹⁶**).

ICE officials retain copies of detainee ICE requests, but do not record detainee ICE requests in a logbook specifically designed for that purpose (**Deficiency SDC-2¹⁷**).

TELEPHONE ACCESS (TA)

A review of the facility handbook and postings in the housing units, revealed the facility does not inform detainees to contact an officer if they have difficulty making a confidential call relating to a legal proceeding (**Deficiency TA-1¹⁸**).

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

A copy of the Material Safety Data Sheets are maintained in the safety office and medical department; however, an interview with staff revealed, the index has not been provided to the local fire department (**Deficiency EH&S-1¹⁹**).

Inventories of hazardous materials were available; however, the inventories of two substances stored in a flammables cabinet were inaccurate. The quantities on hand of the aerosol "Open and

¹⁵ "Each facility shall have a written procedure for inventory and audit of detainee funds, valuables, and personal property." See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(F).

¹⁶ "The OIC shall ensure that the standard operating procedures cover detainees with special requirements, including those who are disabled, illiterate, or know little or no English. Each facility will accommodate the special assistance needs of such detainees in making a request." See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(B).

¹⁷ "All requests shall be recorded in a logbook specifically designed for that purpose." See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(B)(2).

¹⁸ "The facility shall inform detainees to contact an officer if they have difficulty making a confidential call relating to a legal proceeding." See ICE NDS 2000, Standard, Telephone Access, Section (III)(J).

¹⁹ "The Maintenance Supervisor or designate will compile a master index of all hazardous substances in the facility, including locations, along with a master file of MSDSs. He/she will maintain this information in the safety office (or equivalent), with a copy to the local fire department." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(C). **This is a repeat deficiency.**

Shut,” a lubricating oil, and “LPA 1,” a protective agent, were less than the amounts documented on the inventories (**Deficiency EH&S-2²⁰**).

HEALTH SERVICES

MEDICAL CARE (MC)

All professional licenses were present and current but have not been primary source verified with the issuing state boards for authentication purposes (**Deficiency MC-1²¹**).

Corrective Action: The facility initiated corrective action during the inspection by completing primary source verification (**C-1**).

Consent for medical treatment statements were included on the intake forms and signed by the detainees in 24 of 25 medical records reviewed by ODO, and six of the consent forms were not dated (**Deficiency MC-2²²**).

ODO’s medical record review found two of 25 health appraisals were not reviewed by the physician; furthermore, in 13 cases the physician’s review was completed outside the required 14 days. In one of the 13 cases, the physician’s review was documented nine months later (**Deficiency MC-3²³**).

UCJ has an on-site dentist, but the dentist does not conduct initial dental screenings. Instead, dental screenings are performed by a registered nurse when conducting the health appraisal (**Deficiency MC-4²⁴**).

²⁰ “Accountability: Inventory records for a hazardous substance must be kept current before, during, and after each use.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(E)(4).

²¹ “The health care staff will have a valid professional licensure and or certification. The USPHS, Division of Immigration Health Services, will be consulted to determine the appropriate credentials requirements for health care providers.” See ICE NDS 2000, Standard, Medical Care, Section (III)(C).

²² “The facility health care provider will obtain signed and dated consent forms from all detainees before any medical examination or treatment, except in emergency circumstances.” See ICE NDS 2000, Standard, Medical Care, Section (III)(L).

²³ “Health appraisals will be performed according to NCCHC and JCAHO standards.” See ICE NDS 2000, Standard, Medical Care, Section (III)(D).

²⁴ “An initial dental screening exam should be performed within 14 days of the detainee’s arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician’s assistant or nurse practitioner.” See ICE NDS 2000, Standard, Medical Care, Section (III)(E).

SUICIDE PREVENTION AND INTERVENTION (SP&I)

The facility training for suicide prevention and intervention does not cover making referrals, response to suicide attempts, observation procedures, or follow-up reporting and documentation (**Deficiency SP&I-1**²⁵).

The facility has six designated suicide watch cells located in different areas of the facility. Inspection found five of the cells were free of objects or structural elements that could facilitate a suicide; however, the sixth (Brighton 4, Dorm 4) has a metal privacy partition affixed to the wall supported by a metal floor-to-ceiling rod (**Deficiency SP&I-2**²⁶).

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

²⁶ “The isolation room will be free of objects or structural elements that could facilitate a suicide attempt. If necessary, the detainee may be placed in the Special Management Unit, provided space has been approved for this purpose by the medical staff.” *See* ICE NDS 2000, Standard, Suicide Prevention and Intervention, Section, (III)(C).