



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 St. Paul Field Office

Polk County Jail
Des Moines, Iowa


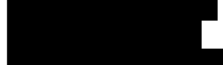
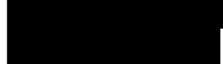
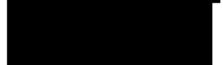
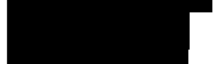




November 19-21, 2019

COMPLIANCE INSPECTION
for the
POLK COUNTY JAIL
Des Moines, Iowa

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FACILITY OVERVIEW

The Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Polk County Jail (PCJ) in Des Moines, Iowa from November 19-21, 2019.¹ The facility opened in 2008 and is owned and operated under the authority of the Polk County Sheriff's Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at PCJ in November 2008 under the oversight of ERO's Field Office Director in St. Paul. The facility operates under the National Detention Standards (NDS) 2000 and is not contractually obligated to comply with the ICE Performance-Based National Detention Standards (PBND) 2011 Sexual Abuse and Assault Prevention and Intervention Standard; however, PCJ has made efforts to comply.²

ERO has a Deportation Officer (DO) assigned to the facility. A Detention Services Manager is not assigned to the facility. Watch Commanders handle daily facility operation and are supported by █ personnel. Polk County provides food services, WellPath provides medical care, and Trinity provides commissary services at the facility. The facility is accredited by the American Correctional Association.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ³	43
Average ICE Detainee Population ⁴	34
Male Detainee Population (as of 11/19/2019)	36
Female Detainee Population (as of 11/19/2019)	1

During the last inspection, in FY 2013, ODO found 47 deficiencies in the following areas: Access to Legal Material (10), Admission and Release (3), Detainee Classification System (4), Detainee Grievance Procedures (5), Detainee Handbook (1), Environmental Health and Safety (3), Food Service (1), Medical Care (7), Staff-Detainee Communication (8), Suicide Prevention and Intervention (1), Telephone Access (3), and Use of Force (1).

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 PCJ has a designated PREA coordinator and has a "zero tolerance" policy stated in PCJ Policy, *Protection from Sexual Abuse, Security*, #14325, dated August 17, 2015.

³ Data Source: ERO Facility List Report as of September 23, 2019.

⁴ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, and where detainees are housed for longer than 72 hours, to assess compliance with ICE national detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁵

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures, as “deficiencies.” ODO also 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.

Upon completion of each inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to: (i) assist ERO in developing and initiating corrective action plans; and (ii) provide senior executives with an independent assessment of facility operations. ODO’s findings inform ICE executive management in their decision-making to better allocate resources across the agency’s entire detention inventory.

⁵ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected ⁶	Deficiencies
Part 1 – Detainee Services	
Access to Legal Material	0
Admission and Release	2
Detainee Classification System	3
Detainee Grievance Procedures	1
Food Service	13
Funds and Personal Property	2
Recreation	1
Religious Practices	0
Staff-Detainee Communication	4
Telephone Access	0
Visitation	5
Sub-Total	31
Part 2 – Security and Control	
Environmental Health and Safety	7
Key and Lock Control	1
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	4
Sub-Total	12
Part 3 – Health Services	
Medical Care	1
Suicide Prevention and Intervention	0
Sub-Total	1
PBNDS 2011 Standard Inspected	
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	0
Total Deficiencies	44

⁶For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

DETAINEE RELATIONS

ODO interviewed four detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

Medical: One detainee expressed concern about his medical care. The detainee complained that he suffers from acid reflux and medical staff provides him with four Tums during the morning pill-call. The detainee stated that medical staff told him they are awaiting approval to prescribe Zantac.

- Action Taken: ODO reviewed the detainee's medical records and spoke with facility medical staff. The detainee medical record showed that on October 28, 2019, the detainee was given four Tums daily and the medical staff also submitted an electronic prescription to the pharmacy for Prilosec for acid reflux. On November 7, 2019, the detainee medical record showed a re-ordered electronic prescription for Prilosec because the pharmacy had not approved the initial order. On November 19, 2019, ODO spoke with the medical staff regarding the detainee's concerns and status of the prescription and were told a staff member will submit a paper medication record and telephoned the pharmacy to resolve the issue. On November 20, 2019, ODO confirmed with medical staff, the detainee received the prescribed Prilosec during the November 19th night-time pill-call. Prior to the completion of the inspection, the Zantac had not been received by the detainee.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ADMISSION AND RELEASE (A&R)

ODO viewed the facility orientation video shown in the pre-classification units and the detainee housing units; however, ODO found no documentation of ICE/ERO New Orleans Field Office approving the PCJ orientation procedures (**Deficiency A&R-1⁷**).

Corrective Action: Prior to the completion of the inspection, ICE/ERO New Orleans Field Office initiated corrective action by providing a memorandum approving the PCJ orientation procedures on November 21, 2019 (**C-1**).

ODO reviewed PCJ release procedures and determined facility staff could verbalize the steps necessary for the detainee releases; however, ICE/ERO New Orleans Field Office did not approve the release procedures (**Deficiency A&R-2⁸**).

Corrective Action: Prior to the completion of the inspection, ICE/ERO New Orleans Field Office initiated corrective action by providing a memorandum approving the PCJ release procedures on November 21, 2019 (**C-2**).

DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO confirmed PCJ received a copy of the local ICE/ ERO St Paul's Risk Classification Assessment (RCA) and provided the RCA to the PCJ booking/intake staff. ODO interviewed the facility classification staff and determined they did not review the RCA before completing the detainee's initial classification (**Deficiency DCS - 1⁹**).

ODO toured the housing units and observed detainees co-mingled with state, county, and US Marshal's inmates. ODO reviewed detainee detention files and facility housing unit rosters and found low, medium-high and high custody level detainees were co-mingled within the housing

⁷ "All facilities shall have a medium to provide INS detainees an orientation to the facility. In IGSA's the INS office of jurisdiction shall approve all orientation procedures." See ICE NDS 2000, Standard, Admission and Release Section (III)(J).

⁸ "Staff must complete certain procedures before any detainee's release, removal, or transfer from the facility. INS will approved [sic] the IGSA release procedures." See ICE NDS 2000, Standard, Admission and Release Section (III)(J)[sic].

⁹ "The officer assigned to intake/processing will review the detainee's A-file, work folder and/or information provided by INS, to identify and classify each new arrival according to the Detention Classification System (DCS). Pending receipt and processing of critical information (see paragraph III.A.2, above), the officer will segregate the detainee from the general population. The officer will place all original paperwork relating to the detainee's assessment and classification in his/her A-file (right side), with a copy in the detention file." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(B). **This is a Repeat Deficiency.**

unit (**Deficiency DCS-2¹⁰**).

ODO observed the staff perform detainee classification and the staff could verbalize the classification process. Additionally, ODO reviewed the training documentation and interviewed the facility training officer and found the training documentation did not reflect all classification staff were trained in the facility's classification process (**Deficiency DCS -3¹¹**).

DETAINEE GRIEVANCE PROCEDURES (DGP)

Although detainees can submit formal grievances to the facility's grievance committee, neither the grievance section of the ICE National Detainee Handbook nor the facility detainee handbook have procedures for contacting ICE/ERO St Paul to appeal the decision of the Officer-In-Charge of the facility (**Deficiency DGP-1¹²**).

FOOD SERVICE (FS)

ODO inspected the sanitation in the food service areas and found the following: the stainless-steel backsplash behind the cooking equipment and the floor underneath the equipment had food debris, food splatter, and grease; the ceiling above the food preparation tables was stained with food splatter; the toilets and sinks in inmate restrooms were soiled with dirty water stains and there was discarded toilet paper and paper towels on the floors; and there was food debris and trash on the floors in the dry storage room and coolers (**Deficiency FS-1¹³**).

ODO inspected the equipment in the food preparation area and found the area contained the following: grease build up, dirt, food stains, and food debris on the deep fat fryer, kettles, griddle, grill, six-burner stove top, and the food steamer; food splatter, and food stains on the steam kettle and ventilation hood; and food debris and trash in the traps of the dish machine. Additionally, the Food Service Director had not developed a schedule for the routine cleaning of the equipment

¹⁰ "The classification system shall assign detainees to the least restrictive housing unit consistent with facility safety and security. By grouping detainees with comparable records together, and isolating those at one classification level from all others, the system reduces noncriminal and nonviolent detainees' exposure to physical and psychological danger. This system identifies and isolates the detainees whose histories indicate the characteristics of the hardened criminal, the category most likely to intimidate, threaten, or prey on the vulnerable. When it becomes necessary to house detainees of different classification levels the following guidelines shall be followed:

1. Level three detainees will not be housed with level one detainees.
2. Levels one and two may be mixed, and high- level twos and level threes may be mixed when a facility is at or above full capacity
3. Under no circumstance will a level two detainee with a history of assaultive or combative behavior be placed in a level one housing unit.
4. In facilities that have single cell living arrangement, detainees that pose an immediate and serious threat of violence to staff or other detainees shall be house there."

See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(F). **This is a Repeat Deficiency.**

¹¹ "All officers assigned to classification duties shall be trained in the facility's classification process."

See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(A)(1).

¹² "The procedures for contacting the INS to appeal the decision of the OIC of a CDF or an IGSA facility." *See* ICE NDS 2000, Standard, Detainee Grievance Procedure, Section (III)(G)(4).

¹³ "All facilities shall meet the following environmental standards: c. Routinely cleaned walls, floors, and ceilings in all areas." *See* ICE NDS 2000, Standard, Food Service, Section (III)(H)(5)(c).

(**Deficiency FS-2¹⁴**). Furthermore, ODO found the food grinder located in the food preparation area was not equipped with an anti-restart device (**Deficiency FS-3¹⁵**).

ODO observed the food service staff wiping food-contact and non-food-contact surfaces with moist cloths, which were not cleaned, rinsed, and stored in a sanitizing solution (**Deficiency FS-4¹⁶**).

ODO's inspection of the garbage containers found the trash receptacles were not equipped with covers (**Deficiency FS-5¹⁷**).

ODO toured the food storage areas and determined the facility had not established a written stock-rotation schedule for inventory control purposes (**Deficiency FS-6¹⁸**). Additionally, ODO observed food items in the dry storage area, which were not stored at least two inches from the walls and at least six inches above the floor to facilitate pest-control measures and prevent damage and contamination (**Deficiency FS-7¹⁹**).

ODO observed nutmeg and cloves stored and unsecured in the food service office and determined PCJ did not have special-handling requirements for these items (**Deficiency FS-8²⁰**).

ODO observed the preparation and plating of the noon meal and found the bologna and cheese

¹⁴ "Information about the operation, cleaning, and care of equipment will be obtained from manufacturers or local distributors. A file of such reference material should be maintained in the food service department and used in developing equipment- cleaning procedures for training. Equipment shall be installed for ease of cleaning, including the removal of soil, food materials, and other debris that collects between pieces of equipment or between the equipment and walls or floor. The FSA shall develop a schedule for the routine cleaning of equipment." *See* ICE NDS 2000, Standard, Food Service, Section (III)(H)(6).

¹⁵ "c. Machines shall be guarded in compliance with OSHA standards: 4. Meat saws, slicers, and grinders shall be equipped with anti-restart devices." *See* ICE NDS 2000, Standard, Food Service, Section (III)(H)(12)(c)(4).

¹⁶ "1. Moist cloths for wiping food spills on kitchenware and food-contact surfaces on equipment shall be clean, rinsed frequently in sanitizing solution, and used solely for this purpose. They shall soak in the sanitizing solution between uses. 2. Moist cloths used for non-food-contact surfaces, such as counters, dining-table tops and shelves, shall be cleaned, rinsed, and stored in the same way as the moist cloths used on food-contact surfaces. They shall be used on non-food-contact surfaces only." *See* ICE NDS 2000, Standard, Food Service, Section (III)(H)(7)(e)(1)(2).

¹⁷ "All facilities shall meet the following environmental standards: j. Garbage and other trash shall be collected and removed as often as possible. The garbage/refuse containers shall have enough capacity for the volume, and shall be kept covered..." *See* ICE NDS 2000, Standard, Food Service, Section (III)(H)(5)(j).

¹⁸ "Each facility shall establish a written stock-rotation schedule." *See* ICE NDS 2000, Standard, Food Service, Section (III)(J)(5).

¹⁹ "The following procedures apply when receiving or storing food:

d. Store all products at least six inches from the floor and sufficiently far from walls to facilitate pest-control measures. A painted line may guide pallet placement.

e. Store food items at least two inches from the walls and at least six inches above the floor. Wooden pallets may be used to store canned goods and other non-absorbent containers, but not to store dairy products or fresh produce."

See ICE NDS 2000, Standard, Food Service, Section (III)(J)(3)(d)(e).

²⁰ "All facilities shall have procedures for the handling of food items that pose a security threat. [REDACTED] [REDACTED] also require special handling and storage. The purchase order for any of these items will specify the special-handling requirements for delivery. Staff shall store and inventory these items in a secure area in the food service department. Staff shall directly supervise use of these items." *See* ICE NDS 2000, Standard, Food Service, Section (III)(B)(4).

temperatures were not maintained at 41 degrees Fahrenheit or below (**Deficiency FS-9²¹**).

PCJ's Food Service Director and a registered dietician annually review PCJ's 42-day cycle master menu; however, ODO found the special menus for the 10 federal holidays were not available (**Deficiency FS-10²²**).

ODO inspected the transport sack meals and found they did not include a dessert item, packaged fresh vegetables, and commercially packaged snack foods (**Deficiency FS-11²³**).

ODO reviewed the food service department records and determined no documentation verifying if daily health checks on inmate workers were conducted at the beginning of each work period by food service staff (**Deficiency FS-12²⁴**).

ODO observed the walk-in dairy freezer, which was not equipped with an interior release mechanism (**Deficiency FS-13²⁵**).

ODO noted an **Area of Concern** that due to the food service staff's inability to effectively clean and sanitize the thermal compartment food trays, the trays had significant scratching, scarring, and discoloration

FUNDS AND PERSONAL PROPERTY (F&PP)

²¹ "The following procedures apply to the display, service, and transportation of food to mainline and satellite food service areas:

a. Before and during the meal, the CS in charge shall inspect the line to ensure:

3. Sanitary guidelines are observed, ...foods that require refrigeration maintained at 41 degrees F or below."

See ICE NDS 2000, Standard, Food Service, Section (III)(C)(2)(a)(3).

²² "Common fare is intended to accommodate detainees whose religious dietary needs cannot be met on the main line. The common-fare menu is based on a 14-day cycle, with special menus for the 10 Federal holidays. The menus must be certified as exceeding minimum daily nutritional requirements." See ICE NDS 2000, Standard, Food Service, Section (III)(E)(2).

²³ "In addition, each sack shall include:

2. One ration of a dessert item, e.g., cookies, doughnuts, fruit bars. Extremely perishable items, e.g., fruit pie, cream pie, other items made with milk, cream, or other dairy ingredients shall be excluded; and

3. Such extras as properly packaged fresh vegetables, e.g., celery sticks, carrot sticks, and commercially packaged "snack foods," e.g., peanut butter crackers, cheese crackers, individual bags of potato chips. These items enhance the overall acceptance of the lunches."

See ICE NDS 2000, Standard, Food Service, Section (III)(G)(6)(c)(2)(3). **This is a Repeat Deficiency**

²⁴ "The CF or equivalent will inspect all detainee food service workers daily at the start of each work period. Detainees who exhibit signs of illness, skin disease, diarrhea (admitted or suspected), or infected cuts or boils shall be removed from the work assignment and immediately referred to Health Services for determination of duty fitness. The detainees shall return to work only after the FSA has received written clearance from Health Services staff." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(4).

²⁵ "Refrigeration units shall be kept under lock and key when not in use. Walk-in boxes shall be equipped with safety locks that require no more than 15 pounds of pressure to open easily from the inside. If latches and locks are incorporated in the door's design and operation incorporates, the interior release-mechanism must open the door with the same amount of pressure even when locks or bars are in place. Whether new or after-market, the inside lever of a hasp-type lock must be able to disengage locking devices and provide egress. The FSA, along with the Safety Manager, will review the walk-in freezer(s) and refrigerator(s) to ensure they operate properly." See ICE NDS 2000, Standard, Food Service, Section (III)(J)(7)(b).

ODO found the facility did not have written procedures for inventory and audit of detainee funds, valuables, and personal property (**Deficiency F&PP-1**²⁶).

ODO reviewed the facility handbook and found the handbook did not address the procedures for filing a claim for lost or damaged property (**Deficiency F&PP 2**²⁷).

RECREATION (R)

ODO toured all housing unit and determined the housing units had an attached outdoor recreation space; however, the facility's exercise areas did not offer fixed or movable equipment (**Deficiency R-1**²⁸).

STAFF-DETAINEE COMMUNICATION (SDC)

Although DOs conduct weekly scheduled detainee visits to the housing units, ICE/ERO St Paul had not developed written procedures for the weekly visits (**Deficiency SDC-1**²⁹).

ODO reviewed the ICE/ERO St Paul detainee request log and found the log did not include the detainee A-number and nationality (**Deficiency SDC-2**³⁰).

ODO reviewed the model protocol documentation from November 2018, through October 2019, and found two instances, where documentation was unavailable for the Facility Liaison Visit Checklists (**Deficiency SDC-3**³¹).

²⁶ "Each facility shall have a written procedure for inventory and audit of detainee funds, valuable, and personal property." See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(F).

²⁷ "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including:

2. That, upon request, they will be provided an ICE certified copy of any identity document (passport, birth certificate, etc.) placed in their A-files;
3. The rules for storing mailing property not allowed in their possession;
4. The rules for claiming property upon release, transfer, or removal;
5. The procedures for filing a claim for lost or damage property."

See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(J) (5).

²⁸ "Exercise areas will offer a variety of fixed and movable equipment. Weight training, if offered, will be limited to fixed equipment; free weights are prohibited." See ICE NDS 2000, Standard, Recreation, Section (III)(G)(1).

²⁹ "The ICE Field Office Director shall devise a written schedule and procedure for weekly detainee visits by District ICE deportation staff. The ICE officer will also visit the facility's Special Management Units (SMU) to interview any ICE detainees housed there, monitor housing conditions, review detainees' classification and basis for placement in the SMU, and review all records in this regard. Written schedules shall be developed and posted in the detainee living areas and other areas with detainee access. The ICE Field Office Director shall have specific procedures for documenting the visit. IGSAs with larger population should be visited more often if necessary." See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(A)(2)(b). **This is a Repeat Deficiency.**

³⁰ "The log, at a minimum, shall contain: a. The date the detainee request was received; b. Detainee's name; c. A-number; d. Nationality; e. Officer logging the request; f. The date that the request, with staff response and action, is returned to the detainee; and g. Any other site-specific pertinent information. In IGSAs, the date the request was forwarded to ICE and the date it was returned shall also be recorded." See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(B)(2). **This is a Repeat Deficiency.**

³¹ "... For Inter-Governmental Service Agreements (IGSAs) facilities housing ICE detainees the model protocol should be completed weekly for regularly used facilities and each visit for facilities, which are used intermittently." See

ODO toured the detainee housing units and observed the Department of Homeland Security (DHS) Office of Inspector General Hotline information was not conspicuously posted in the housing units (**Deficiency SDC-4³²**).

VISITATION (V)

ODO reviewed the PCJ detainee handbook and found the facility did not provide written notification of the PCJ visitation hours (**Deficiency V-1³³**).

ODO determined the PCJ written legal visitation policy did not include the DHS Form G-28 requirements (**Deficiency V-2³⁴**). Additionally, the legal visitation policy did not include the exchange of documents between detainees and legal representatives (**Deficiency V-3³⁵**).

A blank Form G-28 was not kept in the visitors' reception area for attorneys or legal representatives to complete before seeing the detainees (**Deficiency V-4³⁶**).

ODO reviewed the PCJ visitation policy and determined the facility had not established a policy or procedure governing if animals may accompany visitors onto or into the facility property (**Deficiency V-5³⁷**).

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO inspected the facility's boiler room flammable cabinet and found the Material Safety Data Sheets (MSDSs) were not maintained for some of the hazardous chemicals (**Deficiency EH&S-1³⁸**).

Change Notice-Staff-Detainee Communication Model Protocol, dated June 15, 2007).

³² "Each Field Office Director shall ensure that the attached document regarding the OIG Hotline is conspicuously posted in all units housing ICE detainees. This applies to all Service Processing Centers, Contract Detention Facilities and Inter-Governmental Service Agreement facilities." *See* Change Notice-NDS-Staff-Detainee Communication Standard-dated June 15, 2007.

³³ "The facility shall provide written notification of visitation rules and hours in the detainee handbook, or equivalent, given each detainee upon admittance." *See* ICE NDS 2000, Standard, Visitation, Section (III)(B).

³⁴ "The facility's written legal visitation policy shall be available upon request. The site- specific policy shall specify... Form G-28 requirements..." *See* ICE NDS 2000, Visitation, Standard, Section (III)(I)(16).

³⁵ "The facility's written legal visitation procedures must provide for the exchange of documents between detainee and legal representative (or legal assistant) even when contact visitation rooms are unavailable." *See* ICE NDS 2000, Standard, Visitation, Section (III)(I)(10).

³⁶ "Once attorney-client relationship has been established, the legal representative shall complete and submit a Form G-28, available in the legal visitor's reception area. Staff shall collect completed forms and forward them to INS." *See* ICE NDS 2000, Standard, Visitation, Section (III)(I)(8).

³⁷ "Each facility shall establish and disseminate a policy and implementing procedures governing whether and, if so, under what circumstances animals may accompany human visitors onto or into facility property." *See* ICE NDS 2000, Visitation, Standard, Section (III)(O)(4).

³⁸ "Every area using hazardous substances will maintain a self-contained file of the corresponding Material Safety

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action by adding the MSDSs for both chemicals (C-3).

ODO observed spray bottles containing hazardous materials were not properly labeled in one housing unit and on the trustee cleaning cart in the corridor between the housing units (**Deficiency EH&S-2³⁹**).

ODO reviewed the facility's hazardous substance program and found the MSDS master index file did not include the following: flammable chemicals stored in the boiler room; storage locations of hazardous chemicals; an updated list of emergency telephone listings; documentation for semi-annual reviews by the management; and documentation verifying a copy of the index package was sent to the local fire department (**Deficiency EH&S-3⁴⁰**).

ODO reviewed PCJ's monthly fire drill reports and found the facility did not conduct fire drills in all areas of the facility and emergency keys were not drawn, tested, and timed during fire drills (**Deficiency EH&S-4⁴¹**).

Data Sheets (MSDSs). The MSDSs 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 the MSDSs for the substances with which they are working while in the work area. Because changes in MSDSs occur often and without broad notice, staff must review the latest issuance from the manufacturers of the relevant substances, updating the MSDS files as necessary. The MSDS file in each area should include a list of all areas where hazardous substances are stored, along with a plant diagram and legend. Staff will provide a copy of this information and all MSDSs contained in the file, forwarding updates upon receipt, to the Maintenance Supervisor or designate." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(B).

³⁹ "The OIC will individually assign the following responsibilities associated with the labeling procedure:

1. Identifying the hazardous nature of materials adopted for use;
2. Requiring use of properly labeled containers for hazardous materials, including any and all miscellaneous containers into which employees might transfer the material;
3. Teaching staff the meaning of the classification code and the MSDS, including the safe handling procedures for each material,; and impressing on staff the need to ensure containers are properly labeled; and
4. Placing correct labels on all smaller containers when only the larger shipping container bears the manufacturer-affixed label;"

See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(J)(1-4).

⁴⁰ "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. Documentation of the semi-annual reviews will be maintained in the MSDS master file. 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 2000, Standard, Environmental Health and Safety, Section (III)(C).

⁴¹"Monthly fire drills will be conducted and documented separately in each department.

- a. Fire drills in housing units, medical clinics, and other areas occupied or staffed during non-working hours will be timed so that employees on each shift participate in an annual drill.
- b. Detainees will be evacuated during fire drills, except in areas where security would be jeopardized or in medical areas where patient health could be jeopardized or, in individual cases when evacuation of patients is logistically not feasible. Staff- simulated drills will take place instead in the areas where detainees are not evacuated.
- c. Emergency-key drills will be included in each fire drill, and timed. Emergency keys will be drawn and used by the appropriate staff to unlock one set of emergency exit doors not in daily use. NFPA recommends a limit of [REDACTED] for drawing keys and unlocking emergency doors."

Although ODO observed fire evacuation plans strategically placed throughout the facility, the exit diagrams did not provide evacuation instructions in Spanish nor include emergency equipment locations for the fire pull alarm stations (**Deficiency EH&S-5**⁴²).

ODO inspected the nursing office in the booking area and found the following: sharps were not secured; inaccurate accountability logs for the insulin syringes in the pharmacy; no accountability for tools and syringes in the dental suite; back stock of sharps were not inventoried; and weekly inventories were not checked by a staff member designated by the Health Services Administrator (HSA). Additionally, ODO inspected and reviewed the safe handling and disposal procedures for medical sharps, syringes, and scissors and found sharps were not accounted for and securely stored (**Deficiency EH&S-6**⁴³).

Although PCJ did not have a dedicated room for barbering services; the facility requested and received an ICE/ERO St Paul approved waiver dated March 19, 2014, relinquishing the requirement for a dedicated barbershop. ODO observed the space for barbering services and found no immediate access to a sink with hot and cold running water, no cabinets, no metal waste container with lid, and no posted guidelines on barbering sanitation procedures (**Deficiency EH&S-7**⁴⁴).

See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III) (L)(4)(a-c). **This is a Repeat Deficiency.**

⁴²“In addition to a general area diagram, the following information must be provided on existing signs:

- a. English and Spanish instructions;
- c. Emergency equipment locations.”

See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(5)(a)(c). **This is a Repeat Deficiency.**

⁴³ “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). A uniform procedure for used needles and other disposable sharps is necessary to reduce the number of such injuries by preventing the secondary handling of needles and other dangerous sharp objects used in the delivery of medical care. Items included under this policy are: hypodermic needles and syringes, scalpel blades, glass vials or ampules containing materials deemed to be infectious, burrs, glass cartridges, lancets. The following procedures will be observed when handling and disposing of needles and other hazardous sharp items. 1. An inventory will be kept of those items that pose a security risk, such as sharp instruments, syringes, needles, and scissors. This inventory will be checked [REDACTED] by an individual designated by the medical facility Health Service Administrator (HSA) or equivalent.” *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(Q)(1).

⁴⁴“Sanitation of barber operations is of the utmost concern because of the possible transfer of diseases through direct contact or by towels, combs and clippers... Instruments such as combs and clippers will not be used successively on detainees without proper cleaning and disinfecting. The following standards will be adhered to:

1. The operation will be located in a separate room not used for any other purpose. The floor will be smooth, nonabsorbent and easily cleaned. Walls and ceiling will be in good repair and painted a light color. Artificial lighting of at least 50-foot candles will be provided. Mechanical ventilation of 5 air changes per hour will be provided if there are no operable windows to provide fresh air. At least one lavatory will be provided. Both hot and cold water will be available, and the hot water will be capable of maintaining a constant flow of water between 105 degrees and 120 degrees.
2. Each barbershop will be provided with all equipment and facilities necessary for maintaining sanitary procedures of hair care. Each shop will be provided with appropriate cabinets, covered metal containers for waste, disinfectants, dispensable headrest covers, laundered towels and haircloths
4. Each barbershop will have detailed hair care sanitation regulations posted in a conspicuous location for

KEY AND LOCK CONTROL (K&LC)

[REDACTED]

USE OF FORCE (UOF)

ODO observed PCJ maintained [REDACTED]; however, PCJ was unable to provide documentation the local ICE/ERO St Paul approved the facility's use of the devices (**Deficiency UOF-1**⁴⁶).

Corrective Action: Prior to the completion of the inspection, corrective action was initiated by the local ICE/ERO St Paul providing PCJ a memorandum approving the optional use of the [REDACTED] on November 21, 2019 (C-4).

Although PCJ maintains [REDACTED] hand-held audio-visual recording cameras, ODO found the hand-held cameras did not have regularly scheduled or documented testing to ensure all parts, including batteries, were in working order (**Deficiency UOF-2**⁴⁷).

ODO reviewed the facility written procedures governing the after-action review process; however, the procedures were not patterned after and approved by the the local ICE/ERO St Paul (**Deficiency UOF-3**⁴⁸).

the use of all hair care personnel and detainees.”

See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(P)(1)(2)(4). **This is a Repeat Deficiency.**

[REDACTED]

See ICE 2000 NDS, Standard, Use of Force, Section (III)(C)(1)(9).

⁴⁷ “The OIC shall designate responsibility for maintaining the video camera(s) and other video equipment. This shall include regularly scheduled testing to ensure all parts, including batteries, are in working order; and keeping back-up supplies on hand (batteries, tapes, lens-cleaners, etc.)...” See ICE 2000 NDS, Standard, Use of Force, Section (III)(A)(4)(I).

⁴⁸ “Written procedures shall govern the use-of-force incident review, whether calculated or immediate, and the

Although ODO reviewed the immediate UOF incident documentation and found staff acted appropriately, used the minimum amount of force necessary to contain the situation, and completed an After-Action Review; no documentation was provided verifying ICE/ERO St Paul received the After-Action Report (**Deficiency UOF-4⁴⁹**).

HEALTH SERVICES

MEDICAL CARE (MC)

ODO reviewed 20 detainee medical records and confirmed trained Registered Nurses (RNs) completed timely comprehensive 14-day health appraisals and dental-screenings. However, ODO determined the Medical Doctor did not review the health appraisals conducted by the RNs (**Deficiency MC-1⁵⁰**).

ODO noted an **Area of Concern** when the HSA did not have keys to access certain areas in the facility to ensure accurate inventories of sharps, tools, and chemicals were accomplished.

ODO noted an **Area of Concern** while examining the medications and sharps maintained in the nursing office's cabinet, the cabinet was left open and unsecured when the intake nurse left the room.

ODO noted an **Area of Concern** when the HSA verbalized the regional medical director reviewed and approved the nursing pathways protocols; however, the director did not provide written documentation the protocols were reviewed. In accordance with the National Commission on Correctional Health Care standard J-E-08, protocols, policies, and procedures must be developed and reviewed annually by the nursing administrator and responsible physician based on the level of care provided in the facility.

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 19 standards under NDS 2000 and found the facility in compliance with seven of those standards. ODO found 44 deficiencies in the remaining 12 standards. ODO commends facility staff for their responsiveness during this inspection and notes there were four instances where staff initiated immediate corrective action during the inspection.

application of restraints. The review is to assess the reasonableness of the actions taken (force proportional to the detainee's actions), etc. IGSA shall pattern their incident review process after INS. INS shall review and approve all After Action Review procedures." See ICE 2000 NDS, Standard, Use of Force, Section (III)(K).

⁴⁹ "Written procedures shall govern the use-of-force incident review, whether calculated or immediate, and the application of restraints. The review is to assess the reasonableness of the actions taken (force proportional to the detainee's actions), etc. IGSA shall pattern their incident review process after INS. INS shall review and approve all After Action Review procedures." See ICE 2000 NDS, Standard, Use of Force, Section (III)(K). **This is a Repeat Deficiency.**

⁵⁰ "The health care provider of each facility will conduct a health appraisal and physical examination on each detainee within 14 days of arrival at the facility. If there is documented evidence of a health appraisal within the previous 90 days, the facility health care provider may determine that a new appraisal is not required. Health appraisals will be performed according to NCCHC and JCAHO standards." See ICE NDS 2000, Standard, Medical Care, Section (III)(D).

ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2013 (NDS 2000)	FY 2019 (NDS 2000)
Standards Reviewed	14	19
Deficient Standards	12	12
Overall Number of Deficiencies	47	44
Deficient Priority Components	N/A	N/A
Repeat Deficiencies	N/A	9
Corrective Actions	0	4