



U.S. Department of Homeland Security
U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
ICE Inspections
Washington, DC 20536-5501

**Office of Detention Oversight
Compliance Inspection**

**Enforcement and Removal Operations
ERO Saint Paul Field Office**

**Pottawattamie County Jail
Council Bluffs, Iowa**

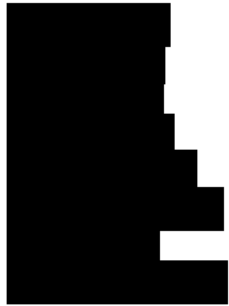
October 25-27, 2022

COMPLIANCE INSPECTION
of the
POTTAWATTAMIE COUNTY JAIL
Council Bluffs, Iowa

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COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Assistant Team Lead	ODO
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Contractor	Creative Corrections
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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 compliance inspection of the Pottawattamie County Jail (PCJ) in Council Bluffs, Iowa, from October 25 to 27, 2022.¹ The facility opened in 1999 and is owned by and operated by Pottawattamie County. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at PCJ in 2006 under the oversight of ERO’s Field Office Director in Saint Paul (ERO Saint Paul). PCJ was inspected against the National Detention Standards (NDS) 2000.²

ERO does not have any staff assigned to the facility. The Pottawattamie County Sheriff handles daily PCJ operations and manages [REDACTED] support personnel. Aramark provides food services, Pottawattamie County provides medical care services, and Turnkey Corrections provides commissary services at PCJ. PCJ does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ³	[REDACTED]
Average ICE Population ⁴	[REDACTED]
Adult Male Population (as of October 25, 2022)	[REDACTED]
Adult Female Population (as of October 25, 2022)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2022, ODO found 30 deficiencies in the following areas: Admission and Release (1); Environmental Health and Safety (7); Food Service (8); Medical Care (2); Post Orders (6); Special Management Unit (Disciplinary Segregation) (1); Suicide Prevention and Intervention (2); and Use of Force (3).

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

² ICE is an authorized user of this facility under a United States Marshals Service intergovernmental agreement contract, which does not specify an ICE NDS, and ODO inspected to the NDS listed on the ERO Facility List as of October 25, 2022.

³ Data Source: ERO Facility List as of October 25, 2022.

⁴ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, and where detainees are housed for over 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 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 ^{6,7}	Deficiencies
Part 1 - Detainee Services	
Admission and Release	4
Correspondence and Other Mail	3
Detainee Classification System	2
Detainee Handbook	0
Food Service	0
Funds and Personal Property	1
Recreation	1
Visitation	4
Sub-Total	15
Part 2 - Security and Control	
Contraband	0
Disciplinary Policy	0
Emergency Plans	3
Environmental Health and Safety	3
Hold Rooms in Detention Facilities	0
Key and Lock Control (Security, Accountability, and Maintenance)	1
Special Management Unit (Administrative Segregation)	2
Special Management Unit (Disciplinary Segregation)	1
Tool Control	3
Transportation (Land Transportation)	0
Use of Force	4
Sub-Total	17
Part 3 - Health Services	
Medical Care	3
Suicide Prevention and Intervention	2
Terminal Illness, Advance Directives and Death	0
Sub-Total	5
Other Standards Reviewed	
NDS 2019 Sexual Abuse and Assault Prevention and Intervention	0
NDS 2019 Disability Identification, Assessment, and Accommodation	0
Sub-Total	0
Total Deficiencies	37

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

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

Admission and Release: Two detainees stated facility staff did not replenish personal hygiene supplies as needed. Specifically, the detainees stated facility staff required them to purchase additional hygiene items from the commissary.

- Action Taken: ODO interviewed facility staff and found each detainee received their initial personal hygiene kit upon arrival and were required to purchase any additional hygiene supplies from the facility commissary. The facility only resupplied those detainees deemed indigent. ODO cited this complaint as a deficiency in the *Admission and Release* section of the report.

Admission and Release: Three detainees stated the facility strip-searched them upon their arrival at the facility.

- Action Taken: ODO interviewed facility staff, reviewed the facility's admission and release program, and found the facility routinely conducted a strip-search of all newly arrived detainees, regardless of reasonable suspicion. ODO cited this complaint as a deficiency in the *Admission and Release* section of the report.

Medical Care: One detainee stated he submitted a medical request for tooth pain on October 16, 2022; however, the facility had not scheduled a dental appointment.

- Action Taken: On October 25, 2022, upon conclusion of the detainee interview, ODO referred the detainee to facility medical for a dental evaluation and treatment. ODO reviewed the detainee's medical file and found there were no medical requests nor sick call submissions. On October 26, 2022, facility medical staff evaluated the detainee and scheduled a dental appointment for October 30, 2022. On November 4, 2022, ODO followed-up on the detainee's appointment and found a dentist evaluated the detainee and took X-rays of the detainee's teeth on October 30, 2022. The examination revealed no tooth decay or damage. The dentist was unable to determine the cause of the tooth pain and discussed the evaluation with the detainee. At the request of ODO, the facility educated the detainee on the process for medical request submissions. On November 21, 2022, ERO Saint Paul staff advised ODO the detainee stated he did not have any further pain regarding his tooth.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ADMISSION AND RELEASE (AR)

ODO reviewed the facility's AR program policies and procedures and their site-specific detainee handbook, interviewed facility staff, and found the following deficiencies:

- PCJ did not refrain from strip-searching detainees, unless there was reasonable suspicion that the detainee may be concealing a weapon or other contraband. Specifically, the booking and classification sergeant confirmed PCJ staff conduct strip-searches as a matter of routine for all detainees upon their admission to PCJ as part of the intake process (**Deficiency AR-10⁸**);
- The facility does not replenish detainee hygiene supplies as needed for all ICE detainees (**Deficiency AR-28⁹**). **This is a repeat deficiency;**
- ERO Saint Paul has not approved the facility's orientation procedures (**Deficiency AR-54¹⁰**); and
- ERO Saint Paul has not approved the facility's release procedures (**Deficiency AR-73¹¹**).

CORRESPONDENCE AND OTHER MAIL (COM)

ODO reviewed the facility's COM program policies, procedures, and confiscated contraband log; their site-specific detainee handbook; interviewed facility staff, and found the following deficiencies:

- The notification in the facility's site-specific detainee handbook does not specify identity documents, such as passports, birth certificates, etc., are contraband and may be used by ERO Saint Paul as evidence or otherwise appropriate (**Deficiency COM-5¹²**);
- The facility makes copies of incoming special correspondence. The facility places the original documents into the detainee's property and the detainee keeps the copy of the

⁸ "Immigration detainees shall not be strip searched upon admission to a facility unless there is a reasonable suspicion that an individual may be concealing a weapon or other contraband." *See* ICE NDS 2000, Standard, Admission and Release, Section (See Change Notice – Strip Search Guidelines for Admission and Release – April 14, 2003).

⁹ "They will replenish supplies as needed." *See* ICE NDS 2000, Standard, Admission and Release, Section (III)(G).

¹⁰ "In IGSA's the INS office of jurisdiction shall approve all orientation procedures." *See* ICE NDS 2000, Standard, Admission and Release, Section (III)(J).

¹¹ "INS will approve the IGSA release procedures." *See* ICE NDS 2000, Standard, Admission and Release, Section (III)(J). This refers to the 2nd J listed.

¹² "The notification will state that identity documents, such as passports, birth certificates, etc., are contraband and may be used by the INS as evidence or as otherwise appropriate. The notification will state that if detainees are not allowed to keep an identity document in their possession, they will be provided with a copy of the document, certified by an INS officer to be a true and correct copy;" *See* ICE NDS 2000, Standard, Correspondence and Other Mail, Section Notification (III)(B)(7).

- legal mail (**Deficiency COM-21**¹³); and
- The facility does not include the detainee's non-citizen-number, name of the sender, a description of the mail in question, nor a signature from any officer on a written record when removing items from a detainee's mail. Specifically, ODO identified 30 instances in which the facility did not include this information on their confiscated contraband log (**Deficiency COM-32**¹⁴).

DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO reviewed the facility's DCS program, █ detainee classification files, and found in █ out of █ detainee classification files, the reviewing officer did not ensure the detainee was assigned to the appropriate housing unit. Specifically, the facility classified and housed a detainee who was convicted of an aggravated felony (sex assault minor-1st degree) as medium-custody and housed in a minimum-custody housing unit (**Deficiency DCS-20**¹⁵).

Additionally, in █ out of █ files, the facility did not ensure detainees were housed according to their classification level. Specifically, the facility classified a detainee who was convicted of an aggravated felony (sex assault minor-1st degree) as medium-custody and housed in a minimum-custody housing unit (**Deficiency DCS-25**¹⁶). **This is a priority component.**

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed the facility's site-specific detainee handbook and found it did not notify detainees of the facility's policies and procedures concerning personal property, including that upon request they will be provided an ICE-certified copy of any identity document (passport, birth certificate, etc.) placed in their non-citizen-file (**Deficiency FPP-89**¹⁷).

¹³ "Staff shall neither read nor copy special correspondence." *See* ICE NDS 2000, Standard, Correspondence and Other Mail, Section Inspection of Incoming Correspondence and Other Mail (III)(E)(2).

¹⁴ "When an officer finds an item that must be removed from a detainee's mail, he/she shall make a written record. This shall include: ...

1. The detainee's name and A-number;
2. The name of the sender and recipient;
3. A description of the mail in question; ...
6. The signature of the officer." *See* ICE NDS 2000, Standard, Correspondence and Other Mail, Section Contraband Recording and Handling (III)(H)(1-3) and (6).

¹⁵ "Among other things, the reviewing officer shall ensure that each detainee has been assigned to the appropriate housing unit." *See* ICE NDS 2000, Standard, Detainee Classification System, Section (III)(C).

¹⁶ "All facilities shall ensure that detainees are housed according to their classification level." *See* ICE NDS 2000, Standard, Detainee Classification System, Section (III)(E).

¹⁷ "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 INS-certified copy of any identity document (passport, birth certificate, etc.) placed in their A-files;" *See* ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(J)(2).

RECREATION (R)

ODO observed four facility recreation areas and found one out of four recreation areas did not have a multipurpose equipment machine with a variety of exercise equipment (**Deficiency R-40**¹⁸).

VISITATION (V)

ODO reviewed the facility's visitation program policies and procedures, their site-specific detainee handbook, interviewed facility staff, and found the following deficiencies:

- The site-specific detainee handbook did not provide the facility's visitation hours (**Deficiency V-2**¹⁹);
- The facility did not establish written procedures to allow legal service providers and legal assistants to telephone the facility in advance of a visit to determine whether a particular individual is detained at PCJ (**Deficiency V-72**²⁰);
- The facility did not have a site-specific policy to address telephone inquiries, dress code, legal assistants working under the supervision of an attorney, pre-representational meeting, Form G-28 requirements, confidential group legal meetings, and detainee sign-ups (**Deficiency V-117**²¹); and
- The facility does not have a policy in place regarding animals accompanying human visitors (**Deficiency V-194**²²).

SECURITY AND CONTROL

EMERGENCY PLANS (EP)

ODO reviewed the facility's EP program policies and procedures, interviewed facility staff, and found the following deficiencies:

- The facility's policies and procedures did not include a statement prohibiting unauthorized plan disclosure (**Deficiency EP-23**²³);

¹⁸ "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).

¹⁹ "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).

²⁰ "Each facility shall establish a written procedure to allow legal service providers and legal assistants to telephone the facility in advance of a visit to determine whether a particular individual is detained in that facility." *See* ICE NDS 2000, Standard, Visitation, Section (III)(I)(6).

²¹ "The site-specific policy shall specify visitation hours, procedures and standards, including, but not limited to, telephone inquiries; dress code; legal assistants working under the supervision of an attorney; pre-representational meetings; Form G-28 requirements; identification and search of legal representatives; identification of visitors; materials provided to detainees by legal representatives; confidential group legal meetings; and detainee sign-up." *See* ICE NDS 2000, Standard, Visitation, Section (III)(I)(16).

²² "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, Standard, Visitation, Section (III)(O)(4).

²³ "Every plan will include a statement prohibiting unauthorized plan disclosure." *See* ICE NDS 2000, Standard,

- The facility had not established written policy and procedures addressing, at a minimum: chain of command nor command post/center of staff assembly (**Deficiency EP-31**²⁴); and
- The facility did not compile ERO Saint Paul approved individual contingency plans, as needed. Specifically, the facility did not have contingency plans for Work/Food Strike, Search (Internal), Civil Disturbance, Environmental Hazard, Detainee Transportation, and Service wide Lockdown. Additionally, the individual contingency plans PCJ did have were not ERO Saint Paul approved (**Deficiency EP-93**²⁵).

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed the facility's EHS program policies and procedures, facility EHS inspection records, facility fire drill records, their site-specific detainee handbook, interviewed facility staff, and found the following deficiencies:

- In 11 out of 14 facility EHS inspections, ODO was unable to determine if a qualified departmental staff member conducted the inspections. Specifically, the weekly inspections did not annotate the staff members (name/title) completing the inspections (**Deficiency EHS-60**²⁶). **This is a repeat deficiency;**
- in 8 out of 14 fire drills, facility staff neither included nor timed emergency-key drills (**Deficiency EHS-69**²⁷). **This is a repeat deficiency;** and
- In 8 out of 14 fire drills, facility staff did not draw emergency keys for use by the appropriate staff to unlock one set of emergency exit doors not in daily use (**Deficiency EHS-70**²⁸). **This is a repeat deficiency.**

KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY, AND MAINTENANCE) (KLC)

ODO attempted to review the facility's security officer position description, interviewed a facility

Emergency Plans, Section (III)(B)(4).

²⁴ "The facility will establish written policy and procedures addressing, at a minimum: chain of command, command post/center and staff assembly." *See* ICE NDS 2000, Standard, Emergency Plans, Section (III)(C).

²⁵ "All facilities will compile INS approved individual contingency plans, as needed, in the following order: ...

2. Work/Food Strike

6. Search (Internal)

9. Civil Disturbance

10. Environmental Hazard

11. Detainee Transportation System Emergency

13. Service wide Lockdown# Site-specific concerns, if any." *See* ICE NDS 2000, Standard, Emergency

Plans, Section (III)(D)(2)(6)(9-11) and (13).

²⁶ "A qualified departmental staff member will conduct weekly fire and safety inspections; the maintenance (safety) staff will conduct monthly inspections." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(2).

²⁷ "Emergency-key drills will be included in each fire drill, and timed." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(c).

²⁸ "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." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(c).

sergeant, and found the facility does not have a written position description for the security officer that includes duties, responsibilities, and chain of command (**Deficiency KLC-3²⁹**).

SPECIAL MANAGEMENT UNIT (ADMINISTRATIVE SEGREGATION) (SMUAS)

ODO reviewed one SMU administrative segregation (AS) file, interviewed a facility sergeant, and found the AS file did not include a written order that a supervisor completed and approved before the facility placed the detainee in AS (**Deficiency SMUAS-7³⁰**).

Additionally, since the facility did not complete a written order, the detainee did not receive a copy of the written order (**Deficiency SMUAS-8³¹**).

SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION) (SMUDS)

ODO interviewed facility staff and found the facility did not follow the visitation standard when setting visitation rules for detainees in disciplinary segregation (DS). Specifically, detainees automatically lost visitation rights upon entering DS no matter the infraction the facility placed them in DS for (**Deficiency SMUDS-53³²**). **This is a repeat deficiency.**

TOOL CONTROL (TC)

ODO reviewed the facility's TC program policies and procedures, their site-specific detainee handbook, interviewed facility staff, and found the following deficiencies:

- The facility could not provide tool inventories for the maintenance department or the armory that contained the pepper ball launchers (**Deficiency TC-3³³**);
- The facility did not implement a tool classification system in all departments (**Deficiency TC-14³⁴**); and
- The facility had no written procedures for marking tools nor making them readily identifiable by their classification (**Deficiency TC-26³⁵**).

²⁹ "The Security Officer shall have a written position description that includes duties, responsibilities, and chain of command." *See* ICE NDS 2000, Standard, Key and Lock Control (Security, Accountability, and Maintenance), Section (III)(A)(1).

³⁰ "A written order shall be completed and approved by a supervisory officer before a detainee is placed in administrative segregation," *See* ICE NDS 2000, Standard, Special Management Unit (Administrative Segregation), Section (III)(B).

³¹ "A copy of the order shall be given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or orderly operation of the facility." *See* ICE NDS 2000, Standard, Special Management Unit (Administrative Segregation), Section (III)(B).

³² "The facility shall follow the "Visitation" standard in setting visitation rules for detainees in disciplinary segregation." *See* ICE NDS 2000, Standard, Special Management Unit (Disciplinary Segregation), Section (III)(D)(17).

³³ "The following departments shall maintain tool inventories: ...

1. Maintenance Department ...

6. Armory" *See* ICE NDS 2000, Standard, Tool Control, Section (III)(B)(1) and (6).

³⁴ "The facility shall develop and implement a tool classification system." *See* ICE NDS 2000, Standard, Tool Control, Section (III)(C).

³⁵ "The OIC will establish written procedures for marking tools, making them readily identifiable." *See* ICE NDS

USE OF FORCE (UOF)

ODO reviewed the facility's UOF program policies and procedures, 25 staff training files, their site-specific detainee handbook, interviewed facility staff, and found the following deficiencies:

- The facility did not incorporate the responsibility for maintaining video cameras and other video equipment into one or more POs (**Deficiency UOF-31³⁶**). **This is a repeat deficiency;**
- ERO Saint Paul did not approve the facility's UOF forms (**Deficiency UOF-85³⁷**);
- ERO Saint Paul did not review and approve PCJ's after-action review procedures (**Deficiency UOF-103³⁸**); and
- In █ out of █ staff training files, PCJ did not provide annual training in confrontation-avoidance procedures nor forced cell-move techniques to all staff members (**Deficiency UOF-119³⁹**). **This is a repeat deficiency.**

HEALTH SERVICES

MEDICAL CARE (MC)

ODO reviewed the facility's MC program policies and procedures, █ detainee medical records, their site-specific detainee handbook, interviewed facility staff, and found the following deficiencies:

- In █ out of █ detainee medical records, a facility health care provider did not conduct a health appraisal and physical examination on each detainee within 14 days of arrival to PCJ. (**Deficiency MC-23⁴⁰**). **This is a repeat deficiency and a priority component;**
- In █ out of █ detainee medical records, facility staff did not conduct the initial dental screening exams within 14 days of the detainees' arrival (**Deficiency MC-50⁴¹**). **This is a repeat deficiency;** and
- In █ out of █ detainee medical records, a facility health care provider did not obtain signed and dated consent forms from the detainees before any medical examination or treatment. Specifically, █ detainee medical records did not contain any signed and dated consent forms (**Deficiency MC-101⁴²**). **This is a priority component.**

2000, Standard, Tool Control, Section (III)(D).

³⁶ "This responsibility shall be incorporated into one or more post orders." See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4)(I).

³⁷ "INS shall approve of all use of force forms." See ICE NDS 2000, Standard, Use of Force, Section (III)(J)(1).

³⁸ "INS shall review and approve all After Action Review procedures." See ICE NDS 2000, Standard, Use of Force, Section (III)(K).

³⁹ "Staff members will receive annual training in confrontation avoidance procedures and forced cell-move techniques." See ICE NDS 2000, Standard, Use of Force, Section (III)(O).

⁴⁰ "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." See ICE NDS 2000, Standard, Medical Care, Section (III)(D).

⁴¹ "An initial dental screening exam should be performed within 14 days of the detainee's arrival." See ICE NDS 2000, Standard, Medical Care, Section (III)(E).

⁴² "The facility health care provider will obtain signed and dated consent forms from all detainees before any medical

SUICIDE PREVENTION AND INTERVENTION (SPI)

ODO reviewed ■ staff training records and found in ■ out of ■ records, medical staff did not periodically receive training 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 (**Deficiency SPI-1⁴³**). **This is a repeat deficiency and a priority component.**

ODO reviewed ■ staff training records of staff working with detainees and found in ■ out of ■ records, staff did not receive annual training on the proper course of intervention and referral for a detainee showing signs of suicide risk (**Deficiency SPI-6⁴⁴**). **This is a repeat deficiency.**

OTHER STANDARDS REVIEWED

NDS 2019 SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO noted the following observations as **Areas of Concern**:

- PCJ's procedures for the coordination of internal administrative investigations did not include the ICE Office of Professional Responsibility with the assigned criminal investigative entity to ensure non-interference with a criminal investigation. The procedures for the investigation and discipline of assailants also did not include coordination with ICE/ERO to ensure the completion of administrative and/or criminal investigations of sexual abuse and assaults;
- PCJ's SAAPI policy did not include the requirement to cooperate with all ICE/ERO audits and monitoring of PCJ compliance with sexual abuse and assault policies and standards;
- PCJ's written procedures for administrative investigations did not include the assessment of the credibility of an alleged victim, suspect, or witness without requiring any detainee who alleged sexual abuse and assault to submit to a polygraph test;
- PCJ's procedures for the investigation and discipline of assailants did not include coordinating with ERO Saint Paul to ensure that an administrative and/or criminal investigation were completed for allegations of sexual abuse and assault;
- PCJ's sexual abuse and assault awareness notice did not include the mailing address of

examination or treatment, except in emergency circumstances." *See* ICE NDS 2000, Standard, Medical Care, Section (III)(L).

⁴³ "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." *See* ICE NDS 2000, Standard, Suicide Prevention and Intervention, Section (III)(A).

⁴⁴ "All staff working with detainees will keep current on the proper course of intervention and referral for a detainee who shows signs of suicide risk." *See* ICE NDS 2000, Standard, Suicide Prevention and Intervention, Section (III)(B).

- the local organization that assisted detainee victims of sexual abuse and assault;
- PCJ’s policy did not include report retention for as long as the PCJ detained or employed the alleged abuser;
- PCJ’s policy did not include reviewing prior complaints and reports of sexual abuse and assault involving a suspected perpetrator;
- PCJ’s memoranda of understanding with the community services provider for sexual abuse and assault victims expired in 2015; and
- PCJ did not prepare a negative report after having no reports of sexual abuse and assault during its annual reporting period. Therefore, a negative report was not available to be forwarded to ERO Saint Paul.

DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIAA)

ODO reviewed PCJ’s orientation program and found it did not inform detainees about PCJ’s disability accommodations policy, including their right to request reasonable accommodations and how to make such a request, in a language and/or manner they can understand. ODO noted this as an **Area of Concern**.

Additionally, PCJ’s DIAA program does not have any postings for detainee awareness of PCJ’s accommodation policy and the detainee’s right to request reasonable accommodation nor how to make such a request. ODO noted this as an **Area of Concern**.

CONCLUSION

During this inspection, ODO assessed PCJ’s compliance with 22 standards under NDS 2000 and 2 standards under the NDS 2019 and found PCJ in compliance with 9 of those standards. ODO found 37 deficiencies in the remaining 15 standards. ODO recommends ERO Saint Paul work with PCJ to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the UCAP for ODO’s last inspection of PCJ in February 2022.

Compliance Inspection Results Compared	FY 2022 (NDS 2000/NDS 2019)	FY 2023 (NDS 2000/NDS 2019)
Standards Reviewed	12	24
Deficient Standards	8	15
Overall Number of Deficiencies	30	37
Priority Component Deficiencies	0	4
Repeat Deficiencies	0	11
Areas Of Concern	14	12
Corrective Actions	0	0
Facility Rating	Acceptable	Failure