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ICE Inspections  
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**Office of Detention Oversight  
Special Review  
2023-102-201**

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

**Linn County Jail  
Cedar Rapids, Iowa**

**September 26-28, 2023**

**SPECIAL REVIEW  
of the  
LINN COUNTY JAIL  
Cedar Rapids, Iowa**

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## **SPECIAL REVIEW TEAM MEMBERS**



Team Lead  
Assistant Team Lead  
Contractor  
Contractor

ODO  
ODO  
Creative Corrections  
Creative Corrections

## FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a special review of the Linn County Jail (LCJ) in Cedar Rapids, Iowa, from September 26 to 28, 2023.<sup>1</sup> The facility opened in 1984 and is owned by Linn County and operated by the Linn County Sheriff's Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at LCJ in 1994 under the oversight of ERO's Field Office Director in Saint Paul (ERO Saint Paul). ICE is an authorized user of this facility under a United States Marshals Service intergovernmental agreement contract, which does not specify any ICE National Detention Standards (NDS), and ODO inspected to the NDS listed on the ERO Facility List as of September 26, 2023. LCJ was inspected against the NDS 2019, and ODO's assigned rating is for ERO's informational purposes only.

[REDACTED] A jail commander handles daily operations and manages [REDACTED] support personnel. LCJ provides food services, medical care, and commissary services at the facility. In September 2021, LCJ was audited for the Department of Justice (DOJ) Prison Rape Elimination Act (PREA) and was DOJ PREA certified.

Capacity and Population Statistics	Quantity
ICE Bed Capacity <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of September 26, 2023)	[REDACTED]
Adult Female Population (as of September 26, 2023)	[REDACTED]

This was ODO's first compliance inspection of LCJ.

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

<sup>2</sup> Data Source: ERO Facility List as of September 26, 2023.

<sup>3</sup> *Ibid.*

## SPECIAL REVIEW PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) greater than 10, and where detainees are housed for longer than 72 hours, to assess compliance with ICE NDS. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.<sup>4</sup>

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO also highlights instances in which the facility resolves deficiencies prior to completion of the ODO inspection. Where applicable, these corrective actions are annotated with “C” under the *Special Review Findings* section of this report.

In fiscal year (FY) 2022, ODO began conducting special reviews of under 72-hour ICE detention facilities with an ADP of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1 to 9 detainees. Additionally, ODO will conduct unannounced inspections of ICE detention facilities, regardless of ADP of detainees, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facility inspections will result in an ODO Inspection Compliance Rating. ODO will conduct a complete review of several core standards, which may include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Special Management Units, Educational Policy (Family Residential Standard (FRS) only), Behavior Management (FRS only), Admission and Release, Classification, and Funds and Personal Property.

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

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<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected <sup>5</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Environmental Health and Safety	5
<b>Sub-Total</b>	<b>5</b>
<b>Part 2 - Security</b>	
Use of Force and Restraints	0
Special Management Unit	0
Sexual Abuse and Assault Prevention and Intervention	3
<b>Sub-Total</b>	<b>3</b>
<b>Part 4 - Care</b>	
Food Service	2
Hunger Strikes	0
Medical Care	2
Significant Self-Harm and Suicide Prevention and Intervention	1
<b>Sub-Total</b>	<b>5</b>
<b>Part 6 - Justice</b>	
Detainee Handbook	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>13</b>

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

## DETAINEE RELATIONS

The facility's ICE detainee population count was zero during the entire inspection; therefore, ODO did not conduct any detainee interviews. Despite no detainees at the facility during the inspection, the facility maintains an active contract to house ICE detainees and had an FY 2022 ADP of 7, meeting the ODO requirement for special reviews.

## SPECIAL REVIEW FINDINGS

### SAFETY

#### ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed facility staff, reviewed facility policy and procedure, observed the third and fourth floor chemical storage rooms, and found the following deficiencies:

- The facility did not maintain a running inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area. Specifically, there were no chemical inventories in the third and fourth floor chemical storage rooms for the hazardous (flammable, toxic, or caustic) substances identified as Spartan stainless-steel cleaner, bleach, delimer, heavy duty degreaser, x-effect, Betco AF79, and Tribase (**Deficiency EHS-2<sup>6</sup>**);
- The facility did not maintain a running inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area. Specifically, there were no chemical inventories in the third and fourth floor chemical storage rooms for the hazardous (flammable, toxic, or caustic) substances identified as Spartan stainless-steel cleaner, bleach, delimer, heavy duty degreaser, x-effect, Betco AF79, and Tribase (**Deficiency EHS-3<sup>7</sup>**);
- The facility did not maintain inventory records for each substance, with entries for each logged on a separate card (or equivalent). Specifically, staff did not provide ODO with chemical inventory records for the hazardous substances that were stored in the third and fourth floor chemical storage rooms which were Spartan stainless-steel cleaner, bleach, delimer, heavy duty degreaser, x-effect, Betco AF79, and Tribase (**Deficiency EHS-4<sup>8</sup>**);
- The facility did not maintain current inventory records for hazardous substances before,

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<sup>6</sup> “In accordance with OSHA 29 CFR 1910.1200, Hazard Communication, each facility utilizing hazardous chemicals shall create a written hazardous communication program that outlines proper chemical labeling, providing Safety Data Sheets (SDS), and training for employees. The facility will establish a system for storing, issuing, and maintaining inventories of, and accountability for, hazardous materials. Every area will have a perpetual inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area. Inventory records will be maintained for each substance.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

<sup>7</sup> “Every area will have a perpetual inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

<sup>8</sup> “Inventory records will be maintained separately for each substance, with entries for each logged on a separate card (or equivalent). That is, the account keeping will not be chronological, but filed alphabetically, by substance (dates, quantities, etc.)” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

during, and after each use. Specifically, staff did not provide ODO with chemical inventory records for the hazardous substances that were stored in the third and fourth floor chemical storage rooms which were Spartan stainless-steel cleaner, bleach, delimer, heavy duty degreaser, x-effect, Betco AF79, and Tribase (**Deficiency EHS-16<sup>9</sup>**); and

- A qualified departmental staff member did not conduct weekly fire and safety inspections. Specifically, the captain informed ODO the facility did not conduct weekly fire and safety inspections; and he could not provide ODO with documentation showing staff had ever conducted weekly fire and safety inspections (**Deficiency EHS-63<sup>10</sup>**).

## **SECURITY**

### **SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)**

ODO interviewed the facility assistant jail administrator and ERO Saint Paul staff, reviewed the facility SAAPI program policy and procedure, and noted the following deficiencies:

- No review and approval by ERO Saint Paul of the facility’s written SAAPI policy and procedures (**Deficiency SAAPI-14<sup>11</sup>**);
- No training of medical staff in procedures for examining and treating victims of sexual abuse (**Deficiency SAAPI-38<sup>12</sup>**); and
- No review and approval by ERO Saint Paul of medical staff training in procedures for examining and treating victims of sexual abuse (**Deficiency SAAPI-39<sup>13</sup>**).

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<sup>9</sup> “Accountability: Inventory records for a hazardous substance must be kept current before, during, and after each use.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(4)(c)

<sup>10</sup> “The facility will comply with standards and regulations issued by the National Fire Protection Association (NFPA), Environmental Protection Agency (EPA) and OSHA, national, state, and local fire safety codes, and the applicable standards of the American Society for Testing and Materials, American National Standards Institute, and Underwriters’ Laboratories or Factory Mutual Engineering Corporation. Such topics will include, but are not limited to, fire safety codes; regular fire and safety inspections; a fire prevention, control and evacuation plan and fire drills.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I)(1).

<sup>11</sup> “Procedures for immediate reporting of sexual abuse and assault allegations through the facility’s chain of command, from the reporting official to the highest facility official, including also procedures for notifying ICE/ERO (this notification must be sent directly to the FOD) and a method by which staff can report outside the chain of command.” See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A).

<sup>12</sup> “Facility medical staff shall be trained in procedures for examining and treating victims of sexual abuse in facilities where medical staff may be assigned these activities. This training shall be subject to the review and approval of ICE/ERO.” See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(E).

<sup>13</sup> “Facility medical staff shall be trained in procedures for examining and treating victims of sexual abuse in facilities where medical staff may be assigned these activities. This training shall be subject to the review and approval of ICE/ERO.” See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(E).

## CARE

### **FOOD SERVICE (FS)**

ODO observed LCJ FS operations and found five out of five garbage/refuse containers were not covered (**Deficiency FS-92**<sup>14</sup>).

ODO observed LCJ FS operations, interviewed the food service coordination, and found the facility did not implement written procedures for the administrative and/or dietary personnel conducting the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas (**Deficiency FS-116**<sup>15</sup>).

### **MEDICAL CARE (MC)**

ODO interviewed the HSA, reviewed [REDACTED] detention staff training records, and found facility detention staff were not trained to respond to health-related emergencies within a 4-minute response time (**Deficiency MC-57**<sup>16</sup>). **This is a priority component.**

ODO reviewed the facility's health-related emergency training and found facility detention staff training did not include: the recognition of signs of potential health emergencies and the required response; the administration of first aid and cardiopulmonary resuscitation (CPR); the facility plan and its required methods of obtaining emergency medical assistance; the recognition of signs and symptoms of mental illness (including suicide risk) retardation, and chemical dependency; and the facility's established plan and procedures for providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital or other medical services (**Deficiency MC-59**<sup>17</sup>).

### **SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHPI)**

ODO reviewed initial training records of [REDACTED] detention staff officers and found the facility did not conduct the annual suicide prevention training for any detention staff officers (**Deficiency**

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<sup>14</sup> "Garbage and other trash shall be collected and removed as often as possible. The garbage/refuse containers shall have sufficient capacity for the volume, and shall be kept covered, cleaned frequently, and insect and rodent proof. The facility shall comply with all applicable regulations (local, state, and federal) on refuse-handling and disposal." See ICE NDS 2019, Standard, Food Service, Section (II)(I)(5)(j).

<sup>15</sup> "The facility shall implement written procedures for the administrative or food service, personnel conducting the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas and an annual independent inspection ensuring that all governmental health and safety codes are being met. Staff shall check refrigerator and water temperatures daily, recording the results." See ICE NDS 2019, Standard, Food Service, Section (II)(I)(11)(a).

<sup>16</sup> "Detention staff and health care staff will be trained to respond to health-related emergencies within a 4-minute response time. This training will be provided by a responsible medical authority in cooperation with the facility." See ICE NDS 2019, Standard, Medical Care, Section (II)(K).

<sup>17</sup> "Detention staff and health care staff will be trained to respond to health-related emergencies within a 4-minute response time. This training will be provided by a responsible medical authority in cooperation with the facility." See ICE NDS 2019, Standard, Medical Care, Section (II)(K).

SSHSPI-2<sup>18</sup>). This is a priority component.

## CONCLUSION

During this special review, ODO assessed the facility's compliance with 10 standards under NDS 2019 and found the facility in compliance with 5 of those standards. ODO found 13 deficiencies in the remaining 5 standards. This was ODO's first inspection of LCJ; therefore, ODO performed no trend analysis of this facility. Prior to this special review, the facility's last known oversight inspection was an ERO Operational Review Self-Assessment, which occurred on December 10, 2021.<sup>19</sup> ERO Saint Paul's oversight of LCJ appears to be adequate; however, ODO notes there are an additional 24 NDS 2019 standards that ODO did not review as part of this special review. ODO recommends ERO Saint Paul work with the facility to resolve the remaining deficiencies in accordance with contractual obligations.

Compliance Inspection Results Compared	No Previous ODO Inspection	FY 2023 Special Review NDS 2019
Standards Reviewed	N/A	10
Deficient Standards	N/A	5
Overall Number of Deficiencies	N/A	13
Priority Component Deficiencies	N/A	2
Repeat Deficiencies	N/A	N/A
Areas Of Concern	N/A	0
Corrective Actions	N/A	0
Facility Rating	N/A	Acceptable/Adequate

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<sup>18</sup> "All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training during orientation and refresher training at least annually thereafter." See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(B).

<sup>19</sup> Data Source: ERO Custody Management Division Authorized Facility List as of September 26, 2023.