



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
Follow-Up Compliance Inspection
2023-002-185**

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

**Polk County Jail
Des Moines, Iowa**


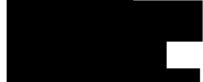
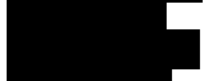
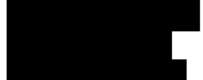
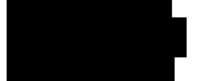
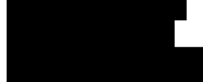



July 18-20, 2023

FOLLOW-UP COMPLIANCE INSPECTION
of the
POLK COUNTY JAIL
Des Moines, Iowa

TABLE OF CONTENTS

FACILITY OVERVIEW	4
FOLLOW-UP COMPLIANCE INSPECTION PROCESS.....	5
FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES.....	6
DETAINEE RELATIONS.....	7
FOLLOW-UP COMPLIANCE INSPECTION FINDINGS.....	7
DETAINEE SERVICES.....	7
ADMISSION AND RELEASE	7
DETAINEE CLASSIFICATION SYSTEM.....	7
FUNDS AND PERSONAL PROPERTY.....	8
RELIGIOUS PRACTICES.....	9
VISITATION.....	9
SECURITY AND CONTROL.....	9
KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY, AND MAINTENANCE).....	9
SPECIAL MANAGEMENT UNIT (ADMINISTRATIVE SEGREGATION).....	10
SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION)	10
TOOL CONTROL	10
HEALTH SERVICES	10
MEDICAL CARE.....	10
TERMINAL ILLNESS, ADVANCE DIRECTIVES AND DEATH.....	11
CONCLUSION	11

FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS

	Team Lead	ODO
	Senior Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections

FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a follow-up compliance inspection of the Polk County Jail (PCJ) in Des Moines, Iowa, from July 18 to 20, 2023.¹ This inspection focused on the standards found deficient during ODO’s last inspection of PCJ from January 24 to 26, 2023. The facility opened in 2008 and is owned by Polk County and operated by the Polk County Sheriff’s Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at PCJ in 2008 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 an ICE National Detention Standard (NDS), and ODO inspected to the NDS listed on the ERO Facility List as of July 17, 2023. PCJ was inspected against the NDS 2000.

[REDACTED] A warden handles daily facility operations and manages [REDACTED] support personnel. Martin Brothers Distributing Company, Inc. provides food services, NaphCare provides medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the American Correctional Association in June 2008. In August 2021, PCJ 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 ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of July 18, 2023)	[REDACTED]
Adult Female Population (as of July 18, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found 40 deficiencies in the following areas: Detainee Classification System (3); Disciplinary Policy (2); Environmental Health and Safety (3); Food Service (3); Key and Lock Control (Security, Accountability, and Maintenance) (2); Medical Care (4); Religious Practices (1); Advance Directives and Death (10); Tool Control (7); Use of Force (1); and Visitation (4).

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

² Data Source: ERO Facility List as of July 17, 2022.

³ *Ibid.*

FOLLOW-UP 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 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which may include but are not limited to Admission and Release, Classification, Emergency Plans, Environmental Health and Safety, Food Services, Funds and Personal Property, Hunger Strikes, Medical Care, Suicide Prevention, Use of Force and Restraints/Use of Physical Control Measures and Restraints. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first full inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's uniform corrective action plan (UCAP), and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

**FINDINGS BY NATIONAL DETENTION STANDARDS 2000
MAJOR CATEGORIES**

NDS 2000 Standards Inspected^{4,5}	Deficiencies
Part 1 - Detainee Services	
Admission and Release	1
Detainee Classification System	7
Food Service	0
Funds and Personal Property	1
Religious Practices	1
Staff-Detainee Communication	0
Visitation	3
Sub-Total	13
Part 2 - Security and Control	
Disciplinary Policy	0
Emergency Plans	0
Environmental Health and Safety	0
Key and Lock Control (Security, Accountability, and Maintenance)	2
Special Management Unit (Administrative Segregation)	1
Special Management Unit (Disciplinary Segregation)	1
Tool Control	2
Use of Force	0
Sub-Total	6
Part 3 - Health Services	
Medical Care	2
Suicide Prevention and Intervention	0
Terminal Illness, Advance Directives and Death	3
Sub-Total	5
Total Deficiencies	24

⁴ For greater detail on ODO’s findings, see the *Follow-up Inspection Findings* section of this report.

⁵ 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 17 detainees, who each voluntarily agreed to participate. ODO attempted to interview an additional five detainees, but all five declined ODO's request for an interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ADMISSION AND RELEASE (AR)

ODO reviewed █ detainee detention files and found in █ out of █ files, facility staff inventoried identity documents and maintained those identity documents in the facility's property room (**Deficiency AR-25**⁶).

DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO interviewed the classification officer, reviewed █ detainee detention files and their associated electronic classification forms, and found a first-line supervisor did not review nor approve █ out of █ classification forms (**Deficiency DCS-10**⁷). **This is a repeat deficiency.**

ODO reviewed the facility's classification policy, a housing unit roster, and █ detainee detention files, interviewed a classification officer, and found the following detainee housing assignments: one Level-3, medium-high detainee, one Level-8, low-minimum detainee, and one Level-9, low detainee assigned to Housing Unit South-2; two Level-3, medium-high detainees and two Level-8, low-minimum detainees assigned to Housing Unit South-7; and two Level-1, high detainees and one Level-8, low-minimum detainee assigned to Housing Unit North-3 (**Deficiency DCS-11**⁸).

ODO interviewed the classification officer, reviewed █ detainee detention files reviewed █ detainee detention files and their associated electronic classification forms, and found nothing to indicate a supervisor completed a review of any of the █ classification forms for accuracy and completeness (**Deficiency DCS-19**⁹). **This is a repeat deficiency.**

⁶ "Identity documents, such as passports, birth certificates, etc., will be inventoried, then given to a deportation officer/INS for placement in the detainee's A-file." See ICE NDS 2000, Standard, Admission and Release, Section (III)(E).

⁷ "The classification system ensures: ...

3. The first-line supervisor will review and approve each detainee's classification."

See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(A)(3).

⁸ "The classification system ensures: ...

4. Detainees shall be assigned housing, offered recreational activities, assigned work (at the detainee's request), and provided food service according to their classification levels."

See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(A)(4).

⁹ "In all detention facilities, a supervisor will review the intake/processing officer's classification files for accuracy and completeness." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(C).

ODO interviewed the classification officer, reviewed [REDACTED] detainee detention files reviewed [REDACTED] detainee detention files and their associated electronic classification forms, and found nothing to indicate a supervisor ensured the facility assigned any of the 25 detainees to appropriate housing (**Deficiency DCS-20¹⁰**). **This is a repeat deficiency.**

ODO reviewed the facility's housing unit roster and found the following detainee housing assignments: two Level-1, high detainees, one Level-3, medium-high detainee, and one Level-8, low-minimum detainee assigned to Housing Unit North-3 (**Deficiency DCS-30¹¹**).

ODO reviewed the facility's housing unit roster and found the following detainee housing assignments: two Level-1, high detainees, one Level-3, medium-high detainee, and one Level-8, low-minimum detainee assigned to Housing Unit North-3 (**Deficiency DCS-36¹²**).

ODO reviewed the facility's classification policy and detainee handbook and found the detainee handbook included an additional classification level of Maximum, not included in the facility's policy. Additionally, the detainee handbook did not include the facility's three low classification levels: Minimum Pre-sentenced, Minimum, and Low-Minimum nor an explanation for each of these levels (**Deficiency DCS-50¹³**).

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed [REDACTED] detainee detention files and found in [REDACTED] out of [REDACTED] files, facility staff inventoried identity documents and maintained those identity documents in the facility's property room (**Deficiency FPP-12¹⁴**).

ODO reviewed the facility's FPP policy and procedures, interviewed facility and ERO Saint Paul staff, and learned facility staff would not provide detainees with certified copies of their identity documents should they request a copy. Since ODO found no instances where a detainee requested a certified copy of an identity document and the facility denied the request, ODO cited the described practice of facility staff not providing copies of identity documents to detainees upon request as an **Area of Concern**.

¹⁰ "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).

¹¹ "All facilities shall ensure that detainees are housed according to their classification level.

1. Level 1 Classification:

a. May not be housed with Level 3 Detainees."

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

¹² "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."

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

¹³ "The detainee handbook's section on classification will include the following:

1. An explanation of the classification levels, with the conditions and restrictions applicable to each."

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

¹⁴ "Identity documents, such as passports, birth certificates, etc., will be held in the detainee's A-file." *See* ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(B)(3).

ODO reviewed the facility's FPP policy and procedures, interviewed facility staff, and found the facility indicated they would destroy abandoned detainee property on-site instead of surrendering to ERO Saint Paul. Since ODO found no instances where detainees left property abandoned at the facility nor where the facility destroyed any abandoned property, ODO cited the described practice of destroying abandoned property as an **Area of Concern**.

RELIGIOUS PRACTICES (RP)

ODO reviewed the facility's RP procedures, interviewed the facility chaplain, and confirmed the facility does not permit detainees to change their religious designation after intake (**Deficiency RP-7¹⁵**). **This is a repeat deficiency.**

VISITATION (V)

ODO reviewed the Polk County Sheriff's Office General Orders for facility visitation and the facility detainee handbook and found no notification of the hours for legal visitation (**Deficiency V-56¹⁶**). **This is a repeat deficiency.**

ODO reviewed the facility legal visitation procedures and found no provision for the exchange of documents between detainees and legal representatives (**Deficiency V-95¹⁷**). **This is a repeat deficiency.**

ODO reviewed the facility's daily visitation report for Thursday, July 20, 2023, and found the facility did not maintain a separate log to record all legal visitors to include those denied access to the detainee (**Deficiency V-113¹⁸**).

SECURITY AND CONTROL

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

ODO reviewed facility policies and post orders and found no written position description for the key control officer to include duties, responsibilities, and chain of command (**Deficiency KLC-3¹⁹**). **This is a repeat deficiency.**

¹⁵ "A detainee may request to change this designation at any time, and the change will be effected in a timely fashion." See ICE NDS 2000, Standard, Religious Practices, Section (III)(C).

¹⁶ "The facility shall provide notification of the rules and hours for legal visitation, as specified in Section III.B., above." See ICE NDS 2000, Standard, Visitation, Section (III)(I)(2).

¹⁷ "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).

¹⁸ "A separate log shall record all legal visitors, including those denied access to the detainee." See ICE NDS 2000, Standard, Visitation, Section (III)(I)(15).

¹⁹ "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).

ODO interviewed the facility's key control officer and found no record of successfully completing an approved locksmith-training program (**Deficiency KLC-12²⁰**). **This is a repeat deficiency.**

SPECIAL MANAGEMENT UNIT (ADMINISTRATIVE SEGREGATION) (SMUAS)

ODO reviewed the records of █ detainees assigned to SMUAS and found a medical professional did not visit every detainee in AS at least 3 times a week. Specifically, ODO found in █ out of █ records, no medical professional visited the detainees assigned to SMUAS for between 3 and 10 days (**Deficiency SMUAS-61²¹**). **This is a priority component.**

SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION) (SMUDS)

ODO reviewed the SMUDS records of two detainees and found a medical professional did not visit every detainee in disciplinary segregation at least three times a week. Specifically, a medical professional did not visit 2 out of 2 detainees assigned to SMUDS for between 4 and 10 days (**Deficiency SMUDS-50²²**). **This is a priority component.**

TOOL CONTROL (TC)

ODO reviewed the facility tool control policy and found no written procedures for marking tools and making them readily identifiable (**Deficiency TC-26²³**). **This is a repeat deficiency.**

ODO reviewed the facility tool control policy and found no written procedures for the survey and destruction of broken or worn-out tools (**Deficiency TC-112²⁴**). **This is a repeat deficiency.**

HEALTH SERVICES

MEDICAL CARE (MC)

ODO reviewed █ detainee medical records and found in █ out of █ records, no Tuberculosis (TB) screening by purified protein derivative (PPD) (Mantoux Method) or chest X-ray upon arrival. Specifically, the facility admitted the first detainee on February 20, 2023, and screened him by PPD (Mantoux Method) on March 3, 2023. The second detainee arrived June 11, 2023, and received no PPD nor chest X-ray. The third detainee arrived on June 16, 2023, and received a chest X-ray on July 7, 2023. Facility policy requires TB screening within 12-hours of arrival

²⁰ "All security officers shall successfully complete an approved locksmith-training program." See ICE NDS 2000, Standard, Key and Lock Control (Security, Accountability, and Maintenance), Section (III)(A)(2).

²¹ "A medical professional shall visit every detainee in administrative segregation at least three times a week." See ICE NDS 2000, Standard, Special Management Unit (Administrative Segregation), Section (III)(D)(12).

²² "A medical professional shall visit every detainee in administrative segregation at least three times a week." See ICE NDS 2000, Standard, Special Management Unit (Disciplinary Segregation), Section (III)(D)(16).

²³ "The OIC will establish written procedures for marking tools, making them readily identifiable." See ICE NDS 2000, Standard, Tool Control, Section (III)(D).

²⁴ "All broken or worn-out tools will be surveyed and destroyed in accordance with the written procedures established by the OIC." See ICE NDS 2000, Standard, Tool Control, Section (III)(I).

(Deficiency MC-24²⁵). This is a repeat deficiency and a priority component.

ODO reviewed █ detainee medical records and found in █ out of █ records, no consent form signed by the detainee prior to receiving psychotropic medications. Additionally, ODO found in █ out of █ records, facility staff admitted a detainee on February 20, 2023, examined him for a sick call evaluation on February 26, 2023, but the detainee did not sign a consent form until March 6, 2023 **(Deficiency MC-101²⁶). This is a repeat deficiency and a priority component.**

TERMINAL ILLNESS, ADVANCE DIRECTIVES AND DEATH (TIADD)

ODO reviewed the facility's care for the terminally ill policy, interviewed the health services administrator, the facility's administrative lieutenant, and acting ICE Health Service Corps (IHSC) field medical coordinator, and found the director and other members of the IHSC governing body did not review and approve all policies before implementation **(Deficiency TIADD-17²⁷).**

ODO reviewed facility post orders, interviewed a facility administrative lieutenant, and found the officer in charge (OIC) did not specify in post orders the designated officer's responsibilities for the proper distribution of the death certificate in the event of a detainee death in custody **(Deficiency TIADD-69²⁸);**

ODO reviewed Polk County Sherriff's Office Policy 14311, Inmate Death, interviewed the facility's administrative lieutenant and chaplain, and found the facility chaplain did not assist the OIC in developing written procedures for making autopsy arrangements **(Deficiency TIADD-72²⁹).**

CONCLUSION

During this follow-up inspection, ODO assessed the facility's compliance with 18 standards under NDS 2000 and found the facility in compliance with 7 of those standards. ODO found 24 deficiencies in the remaining 11 standards. Since PCJ's last full inspection in January 2023, the facility's overall compliance showed some improvement. PCJ went from 11 deficient standards and 40 deficiencies in January 2023 to 11 deficient standards and 24 deficiencies during this most recent full inspection. ERO Saint Paul provided ODO with the UCAP for ODO's last inspection

²⁵ "All new arrivals shall receive TB screening by PPD (Mantoux Method) or chest x-ray." *See* ICE NDS 2000, Standard, Medical Care, Section (III)(D).

²⁶ "The facility health care provider will obtain signed and dated consent forms from all detainees before any medical examination or treatment, except in emergency circumstances." *See* ICE NDS 2000, Standard, Medical Care, Section (III)(L).

²⁷ "The director and other members of the DIHS governing body shall review and approve all policies before implementation." *See* ICE NDS 2000, Standard, Terminal Illness, Advance Directives and Death, Section (III)(C).

²⁸ "The OIC shall specify in post orders the designated officer's responsibility for proper distribution of the death certificate." *See* ICE NDS 2000, Standard, Terminal Illness, Advance Directives and Death, Section (III)(I).

²⁹ "With the Chaplain's assistance, the OIC shall develop and implement written procedures for making autopsy arrangements, including: contacting the local coroner; scheduling the autopsy; identifying the person who will perform the autopsy; obtaining the official death certificate, and transporting the body to the coroner's office." *See* ICE NDS 2000, Standard, Terminal Illness, Advance Directives and Death, Section (III)(J).

of PCJ on June 13, 2023; however, the UCAP did not correct all deficiencies identified in the January 2023 inspection, which resulted in 12 repeat deficiencies in the areas of: Detainee Classification System (3); Religious Practices (1); Visitation (2); Key and Lock Control (Security, Accountability, and Maintenance) (2); Tool Control (2); and Medical Care (2). Additionally, 4 out of the 24 deficiencies are priority components in the areas of: Special Management Unit (Administrative Segregation) (1); Special Management Unit (Disciplinary Segregation) (1); and Medical Care (2). ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2023 Full Inspection (NDS 2000)	FY 2023 Special Review (NDS 2000)
Standards Reviewed	24	18
Deficient Standards	11	11
Overall Number of Deficiencies	40	24
Priority Component Deficiencies	3	4
Repeat Deficiencies	9	12
Areas Of Concern	1	2
Corrective Actions	0	0
Facility Rating	Acceptable/Adequate	N/A