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

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**Office of Detention Oversight  
Compliance Inspection  
2024-001-246**

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

**Pottawattamie County Jail  
Council Bluffs, Iowa**

**October 31-November 2, 2023**

**COMPLIANCE INSPECTION**  
**of the**  
**POTTAWATTAMIE COUNTY JAIL**  
Council Bluffs, Iowa

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## COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Team Lead	ODO
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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 31 to November 2, 2023.<sup>1</sup> The facility opened in 1999 and is owned by Pottawattamie County and operated by the Pottawattamie County Sheriff's Office. 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 (FOD) 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 Custody Management Division Authorized Facility List as of October 30, 2023. PCJ was inspected against the NDS 2019, and ODO's assigned rating is for ERO's informational purposes only.

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

Capacity and Population Statistics	Quantity
ICE Bed Capacity <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of October 31, 2023)	[REDACTED]
Adult Female Population (as of October 31, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found 37 deficiencies in the following areas: Admission and Release (4); Correspondence and Other Mail (3); Detainee Classification System (2); Funds and Personal Property (1); Recreation (1); Visitation (4); Emergency Plans (3); Environmental Health and Safety (3); Key and Lock Control (Security, Accountability, and Maintenance) (1); Special Management Unit (Administrative Segregation) (2); Special Management Unit (Disciplinary Segregation) (1); Tool Control (3); Use of Force (4); Medical Care (3); and Suicide Prevention and Intervention (2).

<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 Custody Management Division Authorized Facility List as of October 30, 2023.

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

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.<sup>4</sup>

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.

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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>5,6</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Environmental Health and Safety	5
<b>Sub-Total</b>	<b>5</b>
<b>Part 2 - Security</b>	
Admission and Release	2
Custody Classification System	5
Facility Security and Control	1
Funds and Personal Property	3
Post Orders	3
Searches of Detainees	0
Use of Force and Restraints	0
Special Management Unit	6
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	0
<b>Sub-Total</b>	<b>20</b>
<b>Part 4 - Care</b>	
Food Service	0
Hunger Strikes	1
Medical Care	4
Personal Hygiene	0
Significant Self-Harm and Suicide Prevention and Intervention	4
<b>Sub-Total</b>	<b>9</b>
<b>Part 5 - Activities</b>	
Correspondence and Other Mail	0
Religious Practices	0
Telephone Access	0
Voluntary Work Program	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 - Justice</b>	
Grievance System	0
Law Libraries and Legal Material	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 7 - Administration and Management</b>	

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

<sup>6</sup> Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

Detention Files	0
Detainee Transfers	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>34</b>

## DETAINEE RELATIONS

ODO interviewed 16 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All 16 detainees reported satisfaction with facility services.

## COMPLIANCE INSPECTION FINDINGS

### SAFETY

#### ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the facility’s maintenance supervisor, toured the facility, reviewed the facility’s EHS policy and master index, and found the following deficiencies:

- No proper chemical labeling outlined in the facility’s written hazardous communication program (**Deficiency EHS-1<sup>7</sup>**). **This is a priority component**;
- No comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.) in the master index (**Deficiency EHS-10<sup>8</sup>**);
- No procedures for detainees with disabilities to ensure their safety and security during a facility’s emergency response (**Deficiency EHS-25<sup>9</sup>**);
- ODO observed what appeared to be mildew and/or mold on the grab handles of the showers and on the shower curtains of detainee housing unit’s “G” and “J” (**Deficiency EHS-64<sup>10</sup>**); and
- The facility health services administrator (HSA) or equivalent did not make daily visual inspections of the medical facility to note the condition of floors, walls, windows, horizontal surfaces, equipment, and furnishings (**Deficiency EHS-67<sup>11</sup>**).

<sup>7</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.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

<sup>8</sup> “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 2019, Standard, Environmental Health and Safety, Section (II)(A)(2).

<sup>9</sup> “Plans will include procedures for detainees with disabilities to ensure their safety and security during the facility response.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(B).

<sup>10</sup> “General: Facility cleanliness and sanitation shall be maintained. All surfaces, fixtures, and equipment shall be kept clean and in good repair.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I)(2).

<sup>11</sup> “The HSA or equivalent, or designee, will make a daily visual inspection of the medical facility noting the condition of floors, walls, windows, horizontal surfaces, equipment, and furnishings.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I)(2).

## SECURITY

### ADMISSION AND RELEASE (AR)

ODO reviewed the facility's AR program and found the facility's orientation did not include procedures for the detainee to contact an ERO Saint Paul deportation officer handling his or her case (**Deficiency AR-24**<sup>12</sup>).

ODO reviewed the facility's site-specific handbook and found it did not include information about the facility's sexual abuse and assault prevention and intervention program, nor disability accommodations, as required in Standard "6.1 Detainee Handbook" (**Deficiency AR-27**<sup>13</sup>).

### CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO interviewed the facility's intake supervisor, toured the facility, reviewed 24 facility classification staff training files and 34 classification files in 19 detainee files, and found the following deficiencies:

- No facility staff training files in █ out of █ facility classification staff files (**Deficiency CCS-3**<sup>14</sup>);
- No facility supervisor review of █ out of █ classification files (**Deficiency CCS-6**<sup>15</sup>);
- No established system to readily identify a detainee's classification level (**Deficiency CCS-8**<sup>16</sup>). **This is a priority component;**
- No facility supervisor review of the intake/processing officer's classification file for accuracy and completeness in all █ detainee files (**Deficiency CCS-10**<sup>17</sup>); and
- No facility reviewing officer ensured each detainee's assignment to the appropriate housing unit in all █ detainee files (**Deficiency CCS-11**<sup>18</sup>).

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<sup>12</sup> "The facility orientation shall also include the following information: Procedures for the detainee to contact the ERO deportation officer handling his/her case." See ICE NDS 2019, Standard, Admission and Release, Section (II)(H)(1).

<sup>13</sup> "The facility handbook will fully describe all policies, procedures, and rules in effect at the facility, in accordance with Standard 6.1 'Detainee Handbook.'" See ICE NDS 2019, Standard, Admission and Release, Section (II)(I).

<sup>14</sup> "The classification system shall ensure: ...

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

See ICE NDS 2019, Standard, Custody Classification System, Section (II)(A)(2).

<sup>15</sup> "The classification system shall ensure: ...

4. A supervisor will review each detainee's classification."

See ICE NDS 2019, Standard, Custody Classification System, Section (II)(A)(4).

<sup>16</sup> "The classification system shall ensure: ...

6. Each facility shall establish a system that readily identifies a detainee's classification level, for example, color-coded uniforms."

See ICE NDS 2019, Standard, Custody Classification System, Section (II)(A)(6).

<sup>17</sup> "A supervisor will review the intake/processing officer's classification file for each detainee for accuracy and completeness." See ICE NDS 2019, Standard, Custody Classification System, Section (II)(B).

<sup>18</sup> "Among other things, the reviewing officer shall ensure each detainee has been assigned to the appropriate housing unit." See ICE NDS 2019, Standard, Custody Classification System, Section (II)(B).



## **FACILITY SECURITY AND CONTROL (FSC)**

ODO reviewed 40 facility visitation logs and found in 18 out of 40 entries, facility staff did not log the department the person visited (**Deficiency FSC-17**<sup>19</sup>).

## **FUNDS AND PERSONAL PROPERTY (FPP)**

ODO reviewed the facility's FPP policy and procedure, site-specific handbook, and found the following deficiencies:

- No written procedure for inventory and audit of detainee funds, valuables, and personal property (**Deficiency FPP-18**<sup>20</sup>);
- No written policy and procedure for detainee property reported missing or damaged (**Deficiency FPP-28**<sup>21</sup>); and
- No information about detainee requests for copies of any identity document placed in a detainee's A-file or detention file (**Deficiency FPP-34**<sup>22</sup>).

## **POST ORDERS (PO)**

ODO interviewed facility leadership, reviewed POs, and found the following deficiencies:

- No master file containing all POs available to all employees (**Deficiency PO-2**<sup>23</sup>);
- The facility designee did not sign three out of three housing-unit orders (**Deficiency PO-4**<sup>24</sup>); and
- No staff signed nor dated eight out of eight POs to indicate having read and understood its provisions prior to assuming post (**Deficiency PO-7**<sup>25</sup>).

## **SPECIAL MANAGEMENT UNIT (SMU)**

ODO interviewed a facility captain, reviewed the facility's SMU policy and detention files of two detainees in administrative segregation (AS) during the inspection period, and found the following

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<sup>19</sup> "Every entry in the logbook will identify the person visiting; the person or department visited; date and time of visitor's arrival; purpose of visit; and time of departure." See ICE NDS 2019, Standard, Facility Security and Control, Section (II)(C)(2)(b).

<sup>20</sup> "Each facility shall have a written procedure for inventory and audit of detainee funds, valuables, and personal property." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(D).

<sup>21</sup> "Each facility shall have a written policy and procedure for detainee property reported missing or damaged." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(F).

<sup>22</sup> "The facility handbook shall notify detainees of facility policies and procedures concerning personal property, including: That, upon request, they will be provided a copy of any identity document (passport, birth certificate, etc.) placed in their A-files or detention files." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(H)(2).

<sup>23</sup> "A master file which contains all post orders shall be available to all employees." See ICE NDS 2019, Standard, Post Orders, Section (II)(A).

<sup>24</sup> "The facility administrator or designee shall review and sign housing-unit orders." See ICE NDS 2019, Standard, Post Orders, Section (II)(B).

<sup>25</sup> "Prior to assuming a post, officers will sign and date the post order to indicate having read and understood its provisions." See ICE NDS 2019, Standard, Post Orders, Section (II)(B).

deficiencies:

- No completed written orders prior to placement in AS (**Deficiency SMU-15<sup>26</sup>**);
- No completed order provided to detainees within 24 hours of placement in AS (**Deficiency SMU-17<sup>27</sup>**);
- No copy of AS orders immediately provided to ERO Saint Paul (**Deficiency SMU-18<sup>28</sup>**);
- No date and time of release documented on AS orders (**Deficiency SMU-19<sup>29</sup>**);
- No completed AS orders included in detainee's detention file or retrievable electronic format (**Deficiency SMU-20<sup>30</sup>**); and
- No record of whether detainees ate meals in AS (**Deficiency SMU-65<sup>31</sup>**).

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

ODO interviewed an ERO Saint Paul supervisory detention and deportation officer (SDDO) and found an ERO Saint Paul officer did not review nor approve PCJ's written SAAPI policy and procedures. ODO noted this as an **Area of Concern**.<sup>32</sup>

ODO interviewed an ERO Saint Paul SDDO and found no written procedures for notifying the ERO Saint Paul FOD. ODO noted this as an **Area of Concern**.

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<sup>26</sup> "A written order shall be completed and approved by the facility administrator or designee before a detainee is placed in administrative segregation, except when exigent circumstances make such documentation impracticable." *See* ICE NDS 2019, Standard, Special Management Unit, Section (II)(A)(2).

<sup>27</sup> "The administrative segregation order shall be provided to the detainee within 24 hours of placement in administrative segregation, and its contents communicated to him or her in a language or manner the detainee can understand." *See* ICE NDS 2019, Standard, Special Management Unit, Section (II)(A)(2)(a).

<sup>28</sup> "A copy of the administrative segregation order shall be immediately provided to ICE/ERO." *See* ICE NDS 2019, Standard, Special Management Unit, Section (II)(A)(2)(b).

<sup>29</sup> "When the detainee is released from administrative segregation, the releasing officer shall indicate the date and time of release on the administrative segregation order. The completed order shall then be included in the detainee's detention file or maintained in a retrievable electronic format." *See* ICE NDS 2019, Standard, Special Management Unit, Section (II)(A)(2)(c).

<sup>30</sup> "When the detainee is released from administrative segregation, the releasing officer shall indicate the date and time of release on the administrative segregation order. The completed order shall then be included in the detainee's detention file or maintained in a retrievable electronic format." *See* ICE NDS 2019, Standard, Special Management Unit, Section (II)(A)(2)(c).

<sup>31</sup> "The special housing unit officer shall immediately record:

- 1) Whether the detainee ate, showered, recreated and took any medication;"

*See* ICE NDS 2019, Standard, Special Management Unit, Section (II)(D)(2)(a)(1).

<sup>32</sup> ERO Custody Management requested ODO inspect all USMS IGA facilities under NDS 2019, effective October 1, 2023. As such, the facility was not under NDS 2019 for at least 90 days and per the SAAPI standard, facilities have 90 days to be in compliance with all SAAPI requirements.

## CARE

### HUNGER STRIKES (HS)

ODO interviewed the facility's training officer, reviewed [REDACTED] detention staff and [REDACTED] medical staff training files, and found in [REDACTED] out of [REDACTED] training files, no subsequent annual training to recognize signs of a hunger strike (**Deficiency HS-1**<sup>33</sup>).

### MEDICAL CARE (MC)

ODO interviewed the facility's health service administrator, toured the facility's medical clinic, and found the facility's medical privacy booth for examinations has an open-air roof, which does not ensure private communication (**Deficiency MC-8**<sup>34</sup>).

ODO reviewed [REDACTED] health assessments completed by registered nurses (RN) and found in [REDACTED] out of [REDACTED] health assessments, RNs had no documented annual training provided by a physician (**Deficiency MC-28**<sup>35</sup>).

ODO reviewed [REDACTED] dental screenings completed by non-dental clinicians and found in [REDACTED] out of [REDACTED] screenings, no annual training for non-dental clinicians on how to conduct the exam by a dentist (**Deficiency MC-45**<sup>36</sup>).

ODO reviewed the medical files of [REDACTED] detainees' facility medical staff prescribed psychotropic medications and found in [REDACTED] out of [REDACTED] files; facility medical staff did not obtain separate documented informed consent forms that included a description of the medications' side effects prior to administering (**Deficiency MC-93**<sup>37</sup>). **This is a priority component.**

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

ODO interviewed the facility's mental health provider (MHP), reviewed the medical file of one detainee on suicide watch for 4 days and close observation for an additional 4 days during the inspection period, and found the following deficiencies:

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<sup>33</sup> "All staff shall be trained initially and annually thereafter to recognize the signs of a hunger strike." *See* ICE NDS 2019, Standard, Hunger Strikes, Section (II)(A).

<sup>34</sup> "Adequate space and equipment will be furnished so that all detainees are provided basic health examination, treatment, and communication in private." *See* ICE NDS 2019, Standard, Medical Care, Section (II)(B).

<sup>35</sup> "Health assessments shall be performed by a physician, physician assistant, nurse practitioner, registered nurse (RN) (with documented initial and annual training provided by a physician)." *See* ICE NDS 2019, Standard, Medical Care, Section (II)(E).

<sup>36</sup> "Such non-dental clinicians shall be trained annually on how to conduct the exam by a dentist." *See* ICE NDS 2019, Standard, Medical Care, Section (II)(H).

<sup>37</sup> "Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medications side effects, shall be obtained." *See* ICE NDS 2019, Standard, Medical Care, Section (II)(O).

- No evaluation completed within 24 hours of the referral (**Deficiency SSHSPI-12**<sup>38</sup>);
- No daily reevaluations completed by a MHP (or a health care practitioner) to assess a need for change in level of supervision (**Deficiency SSHSPI-15**<sup>39</sup>);
- For a detainee on suicide watch, clinical staff conducted five welfare checks during the 4-day watch period (**Deficiency SSHSPI-22**<sup>40</sup>); and
- For a detainee on close observation status, clinical staff conducted five welfare checks during the 4-day watch period (**Deficiency SSHSPI-28**<sup>41</sup>).

## CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 24 standards under NDS 2019 and found the facility in compliance with 14 of those standards. ODO found 34 deficiencies in the remaining 10 standards. Since PCJ’s last full inspection in October 2022, the facility now operates under NDS 2019 due to a contract modification for detention standards. Since PCJ’s contract modification, the facility’s overall compliance has significantly improved. PCJ went from 15 deficient standards and 37 deficiencies in October 2022 to 10 deficient standards and 34 deficiencies during this most recent inspection, including 3 priority component deficiencies in CCS, EHS, and MC. The facility’s improved performance was likely a result of PCJ’s change to NDS 2019. ODO recommends ERO Saint Paul continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2023 (NDS 2000/NDS 2019)</b>	<b>FY 2024 (NDS 2019)</b>
Standards Reviewed	24	24
Deficient Standards	15	10
Overall Number of Deficiencies	37	34
Priority Component Deficiencies	4	3
Repeat Deficiencies	11	0
Areas Of Concern	11	2
Corrective Actions	0	0
Facility Rating	Failure	Acceptable <sup>42</sup>

<sup>38</sup> “An evaluation shall take place within 24 hours.” See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(D).

<sup>39</sup> “Detainees placed on suicide precautions shall be reevaluated by a mental health provider (or a health care practitioner) on a daily basis.” See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(D).

<sup>40</sup> “A mental health provider will perform welfare checks every 8 hours.” See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(F).

<sup>41</sup> “A mental health provider will perform welfare checks every 8 hours.” See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(F).

<sup>42</sup> ODO revised their rating system at the end of FY 2023, effective beginning in FY 2024, which adjusted the maximum number of deficiencies a facility can receive for ratings of “Superior” or “Good.”