



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
2023-002-079**

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

**Pottawattamie County Jail
Council Bluffs, Iowa**

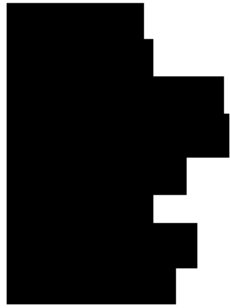
May 2-4, 2023

FOLLOW-UP COMPLIANCE INSPECTION
of the
POTTAWATTAMIE COUNTY JAIL
Council Bluffs, 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.....	8
DETAINEE SERVICES.....	8
ADMISSION AND RELEASE	8
DETAINEE CLASSIFICATION SYSTEM.....	8
FOOD SERVICE	9
ISSUANCE AND EXCHANGE OF CLOTHING, BEDDING AND TOWELS	9
RECREATION	10
STAFF-DETAINEE COMMUNICATION.....	10
SECURITY AND CONTROL.....	10
EMERGENCY PLANS	10
ENVIRONMENTAL HEALTH AND SAFETY	11
KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY, AND MAINTENANCE).....	12
TOOL CONTROL	12
HEALTH SERVICES	13
MEDICAL CARE.....	13
CONCLUSION	14

FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Senior Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections
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 Pottawattamie County Jail (PCJ) in Council Bluffs, Iowa, from May 2 to 4, 2023.¹ This inspection focused on the standards found deficient during ODO’s last inspection of PCJ from October 25 to 27, 2022. The facility opened in 1999 and is owned and operated by the Pottawattamie County Sheriff’s Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at PCJ in 1995 under the oversight of ERO’s Field Office Director in Saint Paul (ERO Saint Paul). ICE is an authorized user of PCJ 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 April 3, 2023. PCJ was inspected against the NDS 2000, and ODO’s assigned rating is for ERO’s informational purposes only.

ERO deportation officers are not assigned full-time to the facility but conduct weekly scheduled visits on Mondays, from 9 a.m. to 12 p.m., and also conduct unscheduled weekly visits. A Pottawattamie County Sheriff’s captain handles daily facility operations and manages [REDACTED] support personnel. Aramark provides food services, Pottawattamie County 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 ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of May 2, 2023)	[REDACTED]
Adult Female Population (as of May 2, 2023)	[REDACTED]

During its last 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); Emergency Plans (3); Environmental Health and Safety (3); Funds and Personal Property (1); Key and Lock Control (Security, Accountability, and Maintenance) (1); Medical Care (3); Recreation (1); Special Management Unit (Administrative Segregation) (2); Special Management Unit (Disciplinary Segregation) (1); Suicide Prevention and Intervention (2); Tool Control (3); Use of Force (4); 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 May 1, 2023.

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 include but are not limited to Medical Care, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. 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 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	4
Correspondence and Other Mail	0
Detainee Classification System	4
Food Service	2
Funds and Personal Property	0
Issuance and Exchange of Clothing, Bedding and Towels ⁶	2
Recreation	1
Staff-Detainee Communication	1
Visitation	0
Sub-Total	14
Part 2 - Security and Control	
Emergency Plans	2
Environmental Health and Safety	10
Key and Lock Control (Security, Accountability, and Maintenance)	1
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Tool Control	3
Use of Force	0
Sub-Total	16
Part 3 - Health Services	
Medical Care	4
Suicide Prevention and Intervention	0
Terminal Illness, Advance Directives and Death	0
Sub-Total	4
Total Deficiencies	34

⁴ For greater detail on ODO's findings, see the *Follow-up Compliance 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.

⁶ The deficiency cited under Issuance and Exchange of Clothing, Bedding and Towels standard was identified while performing detainee interviews, the Issuance and Exchange of Clothing, Bedding and Towels standard was not reviewed in its entirety.

DETAINEE RELATIONS

ODO interviewed 11 detainees, who each voluntarily agreed to participate. ODO attempted to interview the remaining 16 detainees at the facility; however, they all declined ODO's request for an interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

Environmental Health and Safety: One detainee stated haircuts cost \$23 and the facility offers no option of a free hair cut for indigent detainees.

- Action Taken: ODO interviewed the facility administrative coordinator and found the facility uses an outside contractor for haircuts once a month and charges \$23 a cut paid from detainees' commissary accounts. Additionally, ODO found the facility does not have a process in place to provide indigent detainees a free haircut. ODO cited this as an area of concern in the *Environmental Health and Safety* section of the report.

Issuance and Exchange of Clothing, Bedding and Towels: One detainee stated the facility does not issue undergarments and socks. Additionally, the facility conducts clothing exchange twice a week and issues only two shirts and two pants.

- Action Taken: ODO interviewed the facility administrative coordinator and found the facility issued no undergarments nor socks to the detainees. The facility provided ODO a purchase order for undergarments and socks, dated April 14, 2023, which arrived on May 3, 2023. ODO also reviewed the facility laundry schedule and the clothing exchange process and found the facility issues only two pairs of pants and shirts for detainees and exchanges them twice a week. ODO cited these issues as two deficiencies in the *Issuance and Exchange of Clothing, Bedding, and Towels*, and one deficiency in the *Admission and Release* sections in the report.

Medical Care: One detainee stated he was having vision issues in his right eye, was not aware of his treatment plan, and his vision was not improving.

- Action Taken: ODO reviewed the detainee's medical file and found a medical doctor (MD) examined the detainee on March 27, 2023, and prescribed Tobradex (an eye ointment) as treatment. On March 30, 2023, a local eye care specialist examined the detainee and ordered medical staff to continue prescribing Tobradex and to pack the detainee's right eye with gauze for 14 days. On May 3, 2023, ODO requested facility medical staff follow-up with the detainee since the detainee complained of worsening symptoms in his right eye. On the same date, a registered nurse examined the detainee's eye and referred the detainee for an additional visit with the MD. On May 11, 2023, the MD examined the detainee and scheduled an appointment for a local eye care specialist on June 13, 2023.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ADMISSION AND RELEASE (AR)

ODO reviewed facility policy, interviewed the booking and classification sergeant, and found the facility did not refrain from strip searching detainees, even if no reasonable suspicion of concealing a weapon or other contraband existed. Specifically, facility staff strip searched all detainees as part of the intake process from October 2022 to February 2023 (**Deficiency AR-10⁷**). **This is a repeat deficiency.**

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action. On February 27, 2023, the facility issued a memorandum directing staff to cease routine strip searches of ICE detainees (**C-1**).

ODO reviewed facility policy, interviewed a classification sergeant and the facility administrative coordinator, and found the facility did not issue socks nor undergarments to detainees (**Deficiency AR-26⁸**).

ODO reviewed the site-specific detainee handbook, interviewed the booking and classification sergeant, and found facility staff did not replenish hygiene supplies as needed. Specifically, facility staff issued an indigent hygiene kit to all arriving detainees and then required non-indigent detainees to purchase additional supplies through the commissary from October 2022 to April 2023 (**Deficiency AR-28⁹**). **This is a repeat deficiency.**

Corrective Action: Prior to the inspection, the facility initiated corrective action. On April 12, 2023, the facility implemented a new procedure, which provided hygiene supplies as needed to all detainees (**C-2**).

ODO reviewed facility orientation procedures and found nothing to indicate ERO Saint Paul approved the orientation procedures (**Deficiency AR-54¹⁰**). **This is a repeat deficiency.**

DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO interviewed the booking and classification sergeant, reviewed 20 staff training records, and found classification officers did not receive any training on the facility classification process

⁷ “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).

⁸ “Among other things, staff shall issue detainees clothing and bedding in quantities and weights appropriate for the facility environment and local weather conditions. (See the “Issuance of Clothing, Bedding, and Towels” Standard.)” See ICE NDS 2000, Standard, Admission and Release, Section (III)(F).

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

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

(Deficiency DCS-5¹¹).

ODO reviewed 25 detainee files, interviewed the booking and classification sergeant, and found first-line supervisors did not review and approve each detainee's classification **(Deficiency DCS-10¹²).**

ODO interviewed the booking and classification sergeant, reviewed 25 detainee files, and found in 3 out of 25 files, the reviewing officer did not assign detainees to an appropriate housing unit. Specifically, the reviewing officer housed three minimum-custody detainees in a medium-custody housing unit. **(Deficiency DCS-20¹³). This is a repeat deficiency.**

ODO interviewed the booking and classification sergeant, reviewed 25 detainee files, and found in 3 out of 25 files, the facility did not assign detainees to an appropriate housing unit. Specifically, the facility staff housed three minimum-custody detainees in a medium-custody housing unit. **(Deficiency DCS-25¹⁴). This is a repeat deficiency and a priority component.**

FOOD SERVICE (FS)

ODO interviewed the FS director, reviewed FS purchase orders, observed food storage, and found the facility does not provide kosher meals despite listing them as kosher. Specifically, the facility did not purchase any kosher meals, bearing the symbol of a recognized kosher-certification agency during the inspection period. In addition, one detainee assigned to a kosher diet during the inspection period did not receive a kosher diet **(Deficiency FS-201¹⁵).**

ODO interviewed the FS director, reviewed the common-fare menu and FS purchase orders, observed food storage, and found the facility did not purchase bread and margarine labeled "pareve" or "parve" for the common-fare trays. Specifically, during the inspection period, one detainee received a non-compliant common-fare diet **(Deficiency FS-203¹⁶).**

ISSUANCE AND EXCHANGE OF CLOTHING, BEDDING AND TOWELS (IECBT)

ODO interviewed the facility compliance officer, observed clothing the facility issues to detainees upon admittance to the facility, and found the facility does not issue socks nor undergarments to

¹¹ "All officers assigned to classification duties shall be trained in the facility's classification process." *See* ICE NDS 2000, Standard, Detainee Classification System, Section (III)(A)(1).

¹² "The classification system ensures:

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

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

¹³ "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).

¹⁴ "All facilities shall ensure that detainees are housed according to their classification level." *See* ICE NDS 2000, Standard, Detainee Classification System, Section (III)(E).

¹⁵ "With the exception of fresh fruits and vegetables, the facility's kosher-food purchases shall be fully prepared, ready-to-use, and bearing the symbol of a recognized kosher-certification agency." *See* ICE NDS 2000, Standard, Food Service, Section (III)(E)(5).

¹⁶ "Only bread and margarine labeled "pareve" or "parve" shall be purchased for the common-fare tray." *See* ICE NDS 2000, Standard, Food Service, Section (III)(E)(5).

the detainees (**Deficiency IECBT-5¹⁷**).

ODO interviewed the facility compliance officer, observed clothing the facility issues to detainees upon admittance to the facility, reviewed the facility laundry schedule, and found the facility does not issue socks nor undergarments to detainees. Additionally, the facility exchanged only two pants and two shirts once a week (**Deficiency IECBT-20¹⁸**).

RECREATION

ODO reviewed three outdoor housing unit recreation areas and found in one out of three areas, no fixed and movable equipment (**Deficiency R-40¹⁹**). **This is a repeat deficiency.**

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action. On May 4, 2023, the facility bolted in place a new fixed and movable exercise machine in the housing unit (**C-3**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO observed the facility information postings and found no ERO Saint Paul visit schedules posted in the detainee living areas and other areas with detainee access (**Deficiency SDC-14²⁰**).

SECURITY AND CONTROL

EMERGENCY PLANS (EP)

ODO reviewed the facility's emergency plans and policies and found no established written policies addressing a chain of command nor command post/center of staff assembly (**Deficiency EP-31²¹**). **This is a repeat deficiency.**

ODO reviewed the facility contingency plans and found nothing to indicate ERO Saint Paul approved the contingency plans (**Deficiency EP-93²²**). **This is a repeat deficiency.**

¹⁷ "All new detainees shall be issued clean, temperature-appropriate, presentable clothing during in-processing." See ICE NDS 2000, Standard, Issuance and Exchange of Clothing, Bedding and Towels, Section (III)(B).

¹⁸ "Socks and undergarments will be exchanged daily, outer garments at least twice weekly and sheets, towels, and pillowcases at least weekly." See ICE NDS 2000, Standard, Issuance and Exchange of Clothing, Bedding and Towels, Section (III)(E).

¹⁹ "Exercise areas will offer a variety of fixed and movable equipment." See ICE NDS 2000, Standard, Recreation, Section (III)(G)(1).

²⁰ "Written schedules shall be developed and posted in the detainee living areas and other areas with detainee access." See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(A)(2)(b).

²¹ "The facility will establish written policy and procedures addressing, at a minimum: chain of command, command post/center..." See ICE NDS 2000, Standard, Emergency Plans, Section (III)(C).

²² "All facilities will compile INS approved individual contingency plans, as needed..." See ICE NDS 2000, Standard, Emergency Plans, Section (III)(D)(1-14).

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed six chemical inventories and found the facility did not maintain inventory records separately for each substance, with entries for each logged on a separate card. Specifically, two out of six hazardous substances inventories in the laundry and maintenance departments each contained log entries for two different hazardous chemicals on the same inventory card (**Deficiency EHS-3**²³).

ODO reviewed six chemical inventories maintained in the laundry, maintenance, and FS departments, and found facility staff had not filed chemical inventories alphabetically by substance (**Deficiency EHS-4**²⁴).

ODO interviewed the maintenance supervisor and health services manager, reviewed five material safety data sheets (MSDS), and found staff did not review the latest MSDS issuance from the manufacturers and did not update the MSDS files, as necessary. Specifically, two out of five MSDS maintained in the maintenance department's chemical storage area had expired approximately 3 years earlier (**Deficiency EHS-7**²⁵).

ODO reviewed six chemical inventories in the laundry, maintenance d, and FS departments, and found facility staff did not keep current one out of six inventory records for hazardous substances. Specifically, one maintenance department chemical inventory listed four, 1-gallon containers of acid cleaner, but ODO observed seven, 1-gallon containers of acid cleaner (**Deficiency EHS-18**²⁶).

ODO reviewed facility records for 20 fire drills and found in 14 out of 20 fire drills, no timed emergency-key drills (**Deficiency EHS-69**²⁷). **This is a repeat deficiency.**

ODO interviewed the facility compliance officer, reviewed 20 fire drills conducted during the inspection period, and found in 14 out of 20 fire drills, staff did not draw emergency keys and did not unlock one set of emergency doors not in daily use. (**Deficiency EHS-70**²⁸). **This is a repeat deficiency.**

ODO observed four posted exit diagrams in housing units J, K, L, and M, and found no exit signs with instructions in English and Spanish, "You Are Here" markers, nor emergency equipment

²³ "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 2000, Standard, Environmental Health and Safety, Section (III)(A).

²⁴ "That is, the account keeping will not be chronological, but filed alphabetically, by substance (dates, quantities, etc.)." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(A).

²⁵ "Because changes in MSDSs occur often and without broad notice, staff must review the latest issuance from the manufacturers of the relevant substances, updating the MSDS files as necessary." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(B).

²⁶ "Accountability: Inventory records for a hazardous substance must be kept current before, during, and after each use." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(E)(4).

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).

locations (**Deficiency EHS-71**²⁹).

Additionally, the exit diagrams did not identify nor explain “Areas of Safe Refuge” (**Deficiency EHS-72**³⁰).

ODO observed male and female program rooms designated for barbering and found the facility did not locate barber operations in a separate room not used for any other purpose (**Deficiency EHS-84**³¹).

ODO observed the facility blood spill kit and found the kit did not contain all required materials. Specifically, ODO found no disposable bag marked “contaminated,” nor a bottle of “hospital disinfectant,” nor a bottle of household bleach (**Deficiency EHS-169**³²).

ODO interviewed detainees and the facility administrative coordinator and found the facility uses an outside contractor to provide barbering services to detainees. The contractor charges \$23 per haircut, but the facility does not have a policy nor procedure to provide barbering services to indigent detainees, permitting indigent detainees to maintain appropriate personal hygiene. ODO noted this as an **Area of Concern**.

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

ODO reviewed staff training files of two sergeants assigned to supervise facility key control and found both sergeants had not completed an approved locksmith-training program (**Deficiency KLC-12**³³).

TOOL CONTROL (TC)

ODO reviewed the facility tool inventories and found FS and the armory do not contain tool inventories. Specifically, ODO observed in the armory, pepper ball guns, pepper balls, and firearms stored in lockers without inventories. In addition, the FS department does not keep

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

- a. English and Spanish instructions;
- b. “You Are Here” markers;
- c. Emergency equipment locations.”

See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(5)(a-c).

³⁰ “New signs and sign replacements will also identify and explain ‘Areas of Safe Refuge.’” *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(5).

³¹ “The operation will be located in a separate room not used for any other purpose.” *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(P)(1).

³² “To prepare a cleanup kit for blood and body fluid spills, package the following materials in a ‘12 x 15’ ‘clear Ziplock’ bag.

- Disposable bag marked ‘Contaminated’ size ‘23 x 10 x 39’, minimum thickness 1.5 mils.
- Bottle of “hospital disinfectant” (containing quaternary ammonium chlorides in at least 0.8% dilution), or a bottle of household bleach such as ‘Clorox’ or ‘Purex’ (5.25 % sodium hypochlorite).”

See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(R)(3)(a).

³³ “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).

inventories of spatulas, cake cutters, and large spoons (**Deficiency TC-3³⁴**). **This is a repeat deficiency.**

ODO reviewed the facility's written procedures for marking tools and found no requirement for marking tools to make them readily identifiable (**Deficiency TC-26³⁵**). **This is a repeat deficiency.**

ODO reviewed the facility inventories and found FS and the armory do not contain tool inventories nor logs for used equipment. Specifically, in the armory, ODO observed pepper ball guns, pepper balls, and firearms stored in lockers without inventories and use logs. In addition, the FS department does not keep inventories nor use logs of spatulas, cake cutters, and large spoons (**Deficiency TC-31³⁶**).

HEALTH SERVICES

MEDICAL CARE (MC)

ODO reviewed █ detainee medical records and found in █ out of █ records, no health appraisal nor physical examination on each detainee within 14 days of arrival at the facility. Specifically, the health care provider completed the health appraisals and physical examinations between 24 and 38 days after arrival (**Deficiency MC-23³⁷**). **This is a repeat deficiency and a priority component.**

ODO reviewed facility policy, the ERO coronavirus disease 2019 (COVID-19) Pandemic Response Requirements, █ detainee medical files, interviewed the health services administrator, and found the facility did not test detainees for COVID-19 at intake nor release regardless of vaccination status (**Deficiency MC-44³⁸**).

ODO reviewed █ detainee medical records and found in █ out of █ records, no dental exams within 14 days of the detainees' arrival at the facility. Specifically, the exams occurred between 24 and 38 days after the detainees' arrival (**Deficiency MC-50³⁹**). **This is a repeat deficiency.**

³⁴ "The following departments shall maintain tool inventories: ...

3. Food Service Department ...

6. Armory"

See ICE NDS 2000, Standard, Tool Control, Section (III)(B).

³⁵ "The OIC will establish written procedures for marking tools, making them readily identifiable." See ICE NDS 2000, Standard, Tool Control, Section (III)(D).

³⁶ "The tool-storage system will ensure accountability." See ICE NDS 2000, Standard, Tool Control, Section (III)(E).

³⁷ "The health care provider of each facility will conduct a health appraisal and physical examination on each detainee within 14 days of arrival at the facility. If there is documented evidence of a health appraisal within the previous 90 days, the facility health care provider may determine that a new appraisal is not required." See ICE NDS 2000, Standard, Medical Care, Section (III)(D).

³⁸ "Detainees diagnosed with a communicable disease shall be isolated according to local medical operating procedures." See ICE NDS 2000, Standard, Medical Care, Section (III)(D).

³⁹ "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).

ODO reviewed █ detainee medical records and found in each record, no signed and dated consent forms from the detainees before any medical examination or treatment, except in emergency circumstances. Specifically, ODO found in █ out of █ records, no signed and dated consent forms for any medical examination or treatment, and in █ out of █ records, signed consent forms for detainee physical examinations but not for any other medical examination or treatment (**Deficiency MC-101**⁴⁰). **This is a repeat deficiency and a priority component.**

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 19 standards under NDS 2000 and found the facility in compliance with 8 of those standards. ODO found 34 deficiencies in the remaining 11 standards. Since PCJ’s last full inspection in October 2022, the facility’s overall compliance has trended down. Although PCJ went from 15 deficient standards and 37 deficiencies in October 2022 to 11 deficient standards and 34 deficiencies during this most recent inspection, ODO notes 15 repeat deficiencies and 3 priority component deficiencies, which if left uncorrected, would likely lead to a second consecutive failure rating. ODO did not review the Issuance of Clothing, Bedding and Towels standard during the October 2022 inspection and would not have reviewed it in this most recent inspection if not for a detainee complaint, and this standard accounted for 2 out of the 34 deficiencies found during this most recent inspection. ODO noted the facility’s plan to issue an entire overhaul of every facility policy to outline the requirements of the standards more clearly. ODO received the UCAP for ODO’s last inspection of PCJ, which occurred in October 2022; however, several corrective actions appear to be insufficient to prevent recurring deficiencies as indicated by 15 repeat deficiencies. ODO recommends ERO Saint Paul continue to 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/NDS 2019)	FY 2023 Follow-up Inspection (NDS 2000)
Standards Reviewed	22/2	19
Deficient Standards	15	11
Overall Number of Deficiencies	37	34
Priority Component Deficiencies	4	3
Repeat Deficiencies	11	15
Areas Of Concern	11	1
Corrective Actions	0	3
Facility Rating	Failure	N/A

⁴⁰ “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).