



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

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## Office of Detention Oversight Compliance Inspection

Enforcement and Removal Operations  
ERO Saint Paul Field Office  
Hardin County Jail  
Eldora, IA

March 28-30, 2017

**COMPLIANCE INSPECTION  
for the  
HARDIN COUNTY JAIL  
ELDORA, IOWA**

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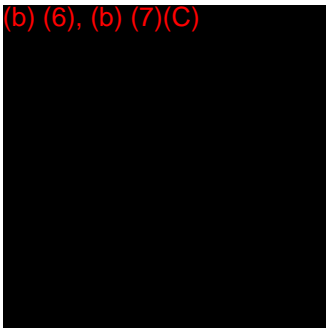
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**INSPECTION TEAM MEMBERS**



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## FACILITY OVERVIEW

The Office of Detention Oversight (ODO), a unit within U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR), conducted a compliance inspection of the Hardin County Jail (HCJ) in Eldora, Iowa, from March 28-30, 2017.<sup>1</sup> The HCJ opened in July 2000 and has been owned by Hardin County and operated by the Hardin County Sheriff since 2002. The Office of Enforcement and Removal Operations (ERO) started housing ICE detainees at HCJ in 2002, pursuant to an Intergovernmental Service Agreement (IGSA) (non-dedicated), under the oversight of ERO Field Office Director (FOD) Saint Paul.

ERO staff members and a Detention Services Manager are not assigned to the facility. A jail administrator is responsible for oversight of daily facility operations and is supported by 26 personnel. Mend Correctional Care provides detainee medical services and Catering by Marlins provides food services. The HCJ is accredited by the Iowa Department of Corrections.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	79
Average ICE Detainee Population <sup>3</sup>	67
Male Detainee Population (as of 3/27/2017)	72
Female Detainee Population (as of 3/27/2017)	2

In FY 2013, ODO conducted a compliance inspection of the HCJ under the National Detention Standards (NDS) 2000. ODO reviewed the facilities compliance with 14 standards and found the facility compliant with six standards. ODO found 17 deficiencies in the remaining eight standards.

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<sup>1</sup> Male and female detainees with low and medium low security classification levels are detained at the facility for longer than 72 hours.

<sup>2</sup> Data Source: ERO Facility List Report as of March 27, 2017.

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

## FY 2017 FINDINGS BY NDS 2000 MAJOR CATEGORIES

NDS 2000 STANDARDS INSPECTED <sup>4</sup>	DEFICIENCIES
<b>Part 1 – Detainee Services</b>	
Access to Legal Material	0
Admission and Release	0
Detainee Classification System	2
Detainee Grievance Procedures	0
Detainee Handbook	0
Food Service	2
Funds and Personal Property	2
Staff-Detainee Communication	1
Telephone Access	0
<b>Sub-Total</b>	<b>7</b>
<b>Part 2 – Security and Control</b>	
Environmental Health and Safety	2
Special Management Unit (Administrative Segregation)	2
Special Management Unit (Disciplinary Segregation)	1
Use of Force	1
<b>Sub-Total</b>	<b>6</b>
<b>Part 3 – Health Services</b>	
Medical Care	0
Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>13</b>

<sup>4</sup> For greater detail on ODO's findings, see the *Inspection Findings* section of this report.

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten and where detainees are housed for over 72 hours to assess compliance with ICE National Detention Standards (NDS) 2000, or the Performance-Based National Detention Standards (PBNDS) 2008 or 2011, as applicable. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.<sup>5</sup> ODO identifies violations linked to ICE detention standards, ICE policies, or operational procedures as *deficiencies*. ODO also highlights instances when the facility resolves deficiencies prior to completion of the ODO inspection--these *corrective actions* are annotated with “C” under the *Inspection Findings* section of this report.

At the conclusion of each inspection, ODO hosts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is also shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to: (i) assist ERO develop and initiate corrective action plans and (ii) provide senior executives with an independent assessment of facility operations. Additionally, ODO findings inform ICE executive management decision making in better allocating resources across the agency’s entire detention inventory.

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<sup>5</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## DETAINEE RELATIONS

ODO interviewed 16 randomly-selected detainees to assess the conditions of confinement at HCJ. Interview participation was voluntary, and none of the detainees made allegations of abuse, discrimination or mistreatment. The detainees reported being satisfied with facility services, with the exception of the complaints below:

*Admission and Release:* A detainee claimed he was strip searched during the admissions process.

- Action Taken: ODO reviewed facility policy and the detainee's detention file and confirmed he arrived at the facility on March 17, 2017. ODO found HCJ policy prohibits strip searches of detainees without reasonable suspicion. ODO found no Form G-1025, Record of Search, in the detainee's detention file. ODO then interviewed facility staff who indicated that while detainees are pat searched during admission, and handheld metal detectors are used as needed, they could not recall a detainee being strip searched in the year preceding the ODO inspection.

*Detainee Handbook:* Six detainees complained they did not receive either the ICE National Detainee Handbook or the local supplement during intake. Another four detainees claimed they did not receive the local supplement.

- Action Taken: ODO reviewed the detention files of the ten detainees and found they all signed for both the ICE National Detainee Handbook and the local supplement during the admissions process. However, before ODO's departure from the facility, the Assistant Jail Administrator provided another copy of both the ICE National Detainee Handbook and the local supplement to the ten detainees. Nine detainees were given the handbooks in Spanish, and one detainee was provided English copies.

*Food Service:* Three detainees claimed the food is bland, has no nutritional value, and that the portions are very small.

- Action Taken: ODO reviewed the master cycle menu and nutritional analysis and determined the cycle menu meets the guidelines of the American Correctional Association. The menu also meets the caloric needs of detainees, providing an average of 2,600 calories per day. ODO observed several meal servings and found the quantity of food served during meals matched what was identified on the master menu. ODO also toured each housing unit and asked detainees about the quality and quantity of their meals. All detainees interviewed voiced their overall approval of the food.

*Medical Care:* One detainee claimed he was given three capfuls of a white liquid for heartburn and was told would need to purchase more, if needed.

- Action Taken: ODO reviewed the detainee's medical record and interviewed medical staff. ODO confirmed the detainee was seen on March 20, 2017 and given Mylanta. Documentation indicates the detainee was instructed how to obtain free Mylanta tablets.

*Medical Care:* One detainee claimed medical staff would not treat his toothache.

- Action Taken: ODO reviewed the detainee's medical records and found the detainee is scheduled for a dental procedure in the coming weeks. Upon ODO's inquiry, medical staff informed the detainee of the upcoming dental appointment.

*Special Management Unit (SMU)--Disciplinary Segregation:* One detainee complained he was the victim of an unprovoked physical assault by a county inmate and wrongfully placed in segregation.

- Action Taken: ODO reviewed the detainee's file, disciplinary logs, SMU records, and interviewed facility staff. ODO found that on February 21, 2017, in housing unit C1, the detainee was observed on closed-circuit TV arguing with a county inmate, which then led to verbal and physical altercations between them. Facility staff declared both men were equally aggressive parties in the incident; consequently, both men were placed in segregation. The detainee requested to plead his case to the hearing officer; as a result of that appeal, and prior to completion of the ODO inspection, the hearing officer reduced the detainee's segregation time and released the detainee to general population.

# INSPECTION FINDINGS

## DETAINEE SERVICES

### DETAINEE CLASSIFICATION SYSTEM (DCS)

All classification decisions are reviewed by the Assistant Jail Administrator. ODO's review of 25 detainee files found that in three cases, Primary Classification Assessment forms were not completed before the detainees were placed in general population (**Deficiency DCS-1<sup>6</sup>**).

Male detainees are assigned to a housing unit based on their security level. ODO's review of 25 detainee files found that five detainees rated *high* were housed with detainees rated *low* (**Deficiency DCS-2<sup>7</sup>**).

*Corrective Action:* The facility initiated corrective action during the inspection by reviewing classification documentation for the detainees rated *high*. In all five cases, a determination was made to reclassify them to *medium-low*. ODO's review of documentation confirmed reclassification was justified and housing with *low* custody detainees was appropriate (**C-1**).

### FOOD SERVICE (FS)

Food service staff consists of a Food Service Director and four food service workers. No detainees or inmates are assigned to work in the kitchen. ODO found no food service workers received medical screening and clearance to work in a food service operation (**Deficiency FS-1<sup>8</sup>**).

*Corrective Action:* The facility initiated corrective action during the inspection by scheduling food service staff for medical screenings (**C-2**).

The Food Service Director reported the kitchen is inspected on a daily basis; however, inspections are not documented. Also, weekly inspections are not conducted (**Deficiency FS-2<sup>9</sup>**).

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<sup>6</sup> "All detainees are classified upon arrival, before being admitted into the general population." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(A)(1).

<sup>7</sup> "Level 1 Classification may not be housed with Level 3 Detainees." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(E)(1)(a).

<sup>8</sup> "All food service personnel (both staff and detainee) shall receive a pre-employment medical examination. The purpose of this examination is to exclude those who have a communicable disease in any transmissible stage or condition. Detainees who have been absent from work for any length of time for reason of communicable illness (including diarrhea) shall be referred to Health Services for a determination as to fitness for duty prior to resuming work." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(3)(a). **This is a repeat deficiency.**

<sup>9</sup> "The facility shall implement written procedures for the administrative, medical, and/or dietary personnel conducting the weekly inspections of all food service areas, including dining, storage, equipment, and food preparation areas. All components of the food service department, (ranges, ovens, refrigerators, mixers, dishwashers, garbage disposal, etc.) require frequent inspection to ensure their sanitary and operable condition. Staff shall check refrigerator and water temperature daily, recording the results. The FSA or CS of food service shall inspect food service areas weekly." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(13)(a). **This is a repeat deficiency.**



## **FUNDS AND PERSONAL PROPERTY**

HCJ has written policies and procedures to account for and safeguard detainee property at the time of admission, release or transfer, including the inventory and storage of detainee funds, valuables and personal property. Review of the HCJ handbook found it does not notify detainees which personal property items they may retain in their possession. In addition, the handbook does not notify detainees of the procedures for filing a claim for lost or damaged property (**Deficiency F&PP-1<sup>10</sup>**).

ODO's review of policy and interviews with facility staff found that HCJ does not have a procedure for conducting audits of detainee funds, valuables, and personal property (**Deficiency F&PP-2<sup>11</sup>**).

### **STAFF-DETAINEE COMMUNICATION (SDC)**

ODO randomly selected 14 detainee files to ensure copies of completed ICE requests were in the files. Six of 14 requests logged in the ERO request log were missing from the respective detainee files (**Deficiency SDC-1<sup>12</sup>**). ODO notified the HCJ assistant facility administrator and the ERO SDDO and they were unable to locate copies of the ICE requests.

## **SECURITY AND CONTROL**

### **ENVIRONMENTAL HEALTH AND SAFETY (EH&S)**

The facility fire prevention and control plan was approved by the Eldora Fire Department. ODO verified it complies with the requirements of the standard. During the facility tour, however, ODO noted exit diagrams were not posted in housing areas (**Deficiency EH&S-1<sup>13</sup>**).

*Corrective Action:* The facility initiated corrective action during the inspection by posting exit diagrams in each housing areas (**C-3**).

ODO interviewed facility staff, reviewed monthly reports, and determined detainees are not evacuated during fire drills. In addition, the reports do not document fire drills were conducted on a monthly basis by each department (**Deficiency EH&S-2<sup>14</sup>**).

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<sup>10</sup> "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including: (1) which items they may retain in their possession; (5) the procedures for filing a claim for lost or damaged property." See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(J)(1)(5).

<sup>11</sup> "Each facility shall have a written procedure for inventory and audit of detainee funds, valuables, and personal property." See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(F).

<sup>12</sup> "All completed Detainee Requests will be filed in the detainee's detention file and will remain in the detainee's detention file for at least three years." See ICE NDS 2000, Standard, Staff Detainee Communication, Section (III)(B)(2)

<sup>13</sup> "Every institution will develop a fire prevention, control, and evacuation plan to include, among other thing, the following: ...h. conspicuously posted exit diagram conspicuously posted for and in each area." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(3)(h).

<sup>14</sup> "Monthly fire drills will be conducted and documented separately in each department. Detainees will be evacuated during fire drills, except in areas where security would be jeopardized or in medical areas where patient health could be jeopardized or in individual cases when evacuation of patients is logistically not feasible. Staff-

## **SPECIAL MANAGEMENT UNIT (ADMINISTRATIVE SEGREGATION) (SMU AS)**

ODO found HCJ does not maintain a complete log of detainees assigned to administrative segregation. As part of the inspection, ODO reviewed 25 randomly selected detainee files. ODO found two files containing documentation indicating detainees were placed in cells for administrative segregation purposes. However, no written administrative segregation order was prepared in either case (**Deficiency SMU AS-1<sup>15</sup>**).

ODO interviewed two shift supervisors. They stated they do not make daily visits to detainees housed in SMU-AS. ODO found this requirement is not addressed in HCJ policy (**Deficiency SMU AS-2<sup>16</sup>**).

*Corrective Action:* The facility initiated corrective action during the inspection by revising HCJ policy requiring daily supervisor visits of detainees in SMU AS (**C-4**).

## **SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION) (SMU DS)**

ODO interviewed two shift supervisors, and they stated they do not make daily visits to detainees housed in SMU-DS. ODO found this requirement is not addressed in HCJ policy (**Deficiency SMU DS-1<sup>17</sup>**).

*Corrective Action:* The facility initiated corrective action during the inspection by revising HCJ policy requiring daily supervisor visits of detainees in SMU DS (**C-5**).

## **USE OF FORCE (UOF)**

Due to the small detainee population and commensurate staff size at HCJ, there are not enough staff members to populate a designated Emergency Response Team. Instead, all staff is trained in the use of force team technique for application in calculated use of force incidents. HCJ policy does not require the videotaping of use of force incidents, nor does the facility have a handheld video camera (**Deficiency UOF-1<sup>18</sup>**).

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simulated drills will take place instead in the areas where detainees are not evacuated.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(b).

<sup>15</sup> “A written order shall be completed and approved by a supervisory officer before a detainee is placed in administrative segregation, except when exigent circumstances make this impracticable. In such cases, an order shall be prepared as soon as possible. A copy of the order shall be given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or orderly operation of the facility.” See ICE NDS 2000, Standard, Special Management Unit-Administrative Segregation, Section (III)(B).

<sup>16</sup> “In addition to the direct supervision afforded by the unit officer, the shift supervisor shall see each segregated detainee daily, including weekends and holidays.” See ICE NDS 2000, Standard, Special Management Unit-Administrative Segregation, Section (III)(D)(12).

<sup>17</sup> “In addition to the direct supervision afforded by the unit officer, the shift supervisor shall see each segregated detainee daily, including weekends and holidays.” See ICE NDS 2000, Standard, Special Management Unit-Disciplinary Segregation, Section (III)(D)(16).

<sup>18</sup> “Staff shall immediately obtain and record with a video camera any use of force incident, unless such a delay in bringing the situation under control would constitute a serious hazard to the detainee, staff, or others, or would result in a major disturbance or serious property damage. Calculated use of force shall be videotaped in accordance with section III.A.4, above.” See ICE NDS 2000, Standard, Use of Force, Section (III)(J)(3).

## CONCLUSION

ODO reviewed the facility's compliance with 15 standards and found the facility compliant with seven standards. ODO found 13 deficiencies in the remaining eight standards with two being repeat deficiencies from ODO's FY 2013 inspection. Overall, ODO saw a reduction in the number of deficiencies identified since its last inspection. Finally, ODO identified five instances where the facility initiated corrective action during the course of the inspection.<sup>19</sup>

<b>Inspection Results Compared</b>	<b>FY 2013 (NDS 2000)</b>	<b>FY 2017 (NDS 2000)</b>
Standards Reviewed <sup>20</sup>	14	15
Deficient Standards	8	8
Overall Number of Deficiencies	17	13
Deficient Priority Components	N/A	N/A
Corrective Actions	0	5
Repeat Deficiencies	0	2

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<sup>20</sup> The Standards reviewed in FY2013 and FY2017 were the same, except Funds and Personal Property Standard was not reviewed in FY2013.