



U.S. Department of Homeland Security

Immigration and Customs Enforcement

Office of Professional Responsibility

Inspections and Detention Oversight

Washington, DC 20536-5501

**Office of Detention Oversight
Compliance Inspection**

**Enforcement and Removal Operations
St. Paul Field Office
Hardin County Correctional Center
Eldora, Iowa**

June 18 – 20, 2013

**COMPLIANCE INSPECTION
HARDIN COUNTY CORRECTIONAL CENTER
ST. PAUL FIELD OFFICE**

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INSPECTION PROCESS

The U.S. Immigration and Customs Enforcement (ICE), Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO) conducts broad-based compliance inspections to determine a detention facility's overall compliance with the applicable ICE National Detention Standards (NDS) or Performance-Based National Detention Standards (PBNDS), and ICE policies. ODO bases its compliance inspections around specific detention standards, also referred to as core standards, which directly affect detainee health, safety, and well-being. Inspections may also be based on allegations or issues of high priority or interest to ICE executive management.

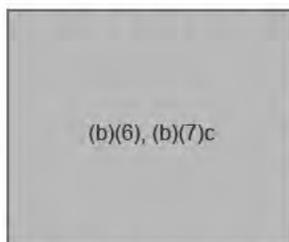
Prior to an inspection, ODO reviews information from various sources, including but not limited to, the Joint Intake Center, Enforcement and Removal Operations (ERO), detention facility management, and other program offices within the U.S. Department of Homeland Security (DHS). Immediately following an inspection, ODO hosts a closeout briefing at which all identified deficiencies are discussed in person with both facility and ERO field office management. Within days, ODO provides ERO a preliminary findings report, and later, a final report, to assist in developing corrective actions to resolve identified deficiencies.

REPORT ORGANIZATION

ODO's compliance inspection reports provide executive ICE and ERO leadership with an independent assessment of the overall state of ICE detention facilities. They assist leadership in ensuring and enhancing the safety, health, and well-being of detainees and allow ICE to make decisions on the most appropriate actions for individual detention facilities nationwide.

ODO defines a deficiency as a violation of written policy that can be specifically linked to ICE detention standards, ICE policies, or operational procedures. Deficiencies in this report are highlighted in bold and coded using unique identifiers. Recommendations for corrective actions are made where appropriate. The report also highlights ICE's priority components, when applicable. Priority components have been identified for the 2008 and 2011 PBNDS; priority components have not yet been identified for the NDS. Priority components, which replace the system of mandatory components, are designed to better reflect detention standards that ICE considers of critical importance. These components have been selected from across a range of detention standards based on their importance to factors such as health and safety, facility security, detainee rights, and quality of life in detention. Deficient priority components will be footnoted, when applicable. Comments and questions regarding this report should be forwarded to the Deputy Division Director, OPR ODO.

INSPECTION TEAM MEMBERS



Special Agent (Team Leader)	ODO, Houston
Special Agent	ODO, Houston
Special Agent	ODO, Houston
Contract Inspector	Creative Corrections
Contract Inspector	Creative Corrections
Contract Inspector	Creative Corrections

EXECUTIVE SUMMARY

ODO conducted a Compliance Inspection (CI) of the Hardin County Correctional Center (HCCC) in Eldora, Iowa, from June 18 to 20, 2013. HCCC, which opened in 2000, is owned by Hardin County and operated by the Hardin County Sheriff's Office. ERO began housing detainees at HCCC in 2002 under an intergovernmental service agreement with Hardin County. Male and female detainees of all security classification levels (Level I - lowest threat; Level II - medium threat; Level III - highest threat) are detained at the facility for periods in excess of 72 hours. HCCC allocates a total of 90 beds for ICE detainees. CBM

Capacity and Population Statistics	Quantity
Total Bed Capacity	107
Emergency Capacity	107
Average Daily Population	29
Average Length of Stay (Days)	30
Male Population Count (as of June 18, 2013)	25
Female Population Count (as of June 18, 2013)	3

Management Services in Sioux Falls, South Dakota provides food service. Brown Family Practice in Eldora, Iowa provides medical care. The Health Services Administrator (HSA) is an employee of Hardin County. HCCC holds no accreditations.

The ERO Field Office Director (FOD) in St. Paul, Minnesota (ERO St. Paul) is responsible for ensuring facility compliance with ICE policies and the ICE National Detention Standards (NDS). An Assistant Field Office Director, with support from (b)(7)e Deportation Officers and (b)(7)e Immigration Enforcement Agents, oversees HCCC, monitors compliance with the ICE NDS, and interacts with HCCC staff and detainees. All ICE personnel assigned to HCCC are physically located in the ERO office in Omaha, Nebraska. ICE staff visit HCCC multiple times each week. There is no ICE Detention Service Manager assigned to HCCC.

The Jail Administrator is the highest-ranking official at HCCC, and is responsible for oversight of daily operations. In addition to the Jail Administrator, HCCC supervisory staff consists of an assistant jail administrator and (b)(7)e sergeant. There are (b)(7)e full-time and (b)(7)e part-time non-supervisory HCCC staff members.

This is the first ODO inspection of HCCC. During this CI, ODO reviewed 14 NDS and found HCCC compliant with six standards. ODO found 17 deficiencies in the following eight standards: Access to Legal Material (1 deficiency), Admission and Release (2), Detainee Classification System (2), Environmental Health and Safety (5), Food Service (3), Medical Care (2), Staff-Detainee Communication (1), and Use of Force (1). Priority components have not yet been identified for the NDS; therefore, no priority components were found deficient during this review.

This report details all deficiencies and refers to the specific, relevant sections of the NDS. ERO will be provided a copy of this report to assist in developing corrective actions to resolve all identified deficiencies. These deficiencies were discussed with HCCC and ICE personnel during the inspection, and at a closeout briefing conducted on June 20, 2013.

Sanitation throughout the facility, including the food service area, the medical clinic, and the admission and release area is maintained at a high level.

During the admission process, detainees are medically screened and provided English and Spanish versions of the HCCC facility handbook and the ICE National Detainee Handbook. Detainees view Spanish and English versions of an ICE orientation video and an HCCC orientation video. Detainee property is inventoried, logged, and documented on a personal property form, which is attached to an individual property bag. Valuables and personal property are stored in a secure area. At release, detainees sign a receipt for valuables and personal property, and surrender facility-issued clothing and bedding.

An initial issuance of basic hygiene items is free of charge, but detainees are required to pay \$1.35 to replenish these items. This is not a violation of the NDS, but does violate standing ICE policy established in a memorandum written by (b)(6), (b)(7)c Acting Commissioner, Immigration and Naturalization Service (INS), to all INS Regional Directors and Administrative Center Directors, dated May 18, 2001, which states detainees may not be charged for basic hygiene items, such as soap, shampoo, toothpaste, and shaving cream. HCCC management corrected this on-site by revising HCCC written policy to reflect that replenishment of hygiene supplies is free of charge to all detainees. The facility handbook was also revised to reflect this change.

HCCC has a dedicated law library in a quiet area that contains adequate office furnishings. The law library has one computer equipped with the most recent version of LexisNexis. Law library hours are posted in the library and in each detainee housing unit. The facility handbook also provides guidance on use of the law library. An HCCC employee ensures the computer is properly maintained.

ODO confirmed ERO does not provide classification summaries to HCCC management as required by the NDS. The Supervisory Detention and Deportation Officer stated classification levels are determined by looking at information in detention files. ODO examined nine detention files. ODO compared the summary forms to the HCCC database and identified two discrepancies. A detainee listed as Medium-High in the facility's database had been classified as High by ERO, and a detainee listed as Medium-High was classified by ERO as Medium-Low. ODO confirmed, despite classification discrepancies, the detainees were housed appropriately. HCCC management corrected the database. The errors, which were attributed by HCCC management to the absence of ERO classification documentation, potentially placed detainees at risk. It is critical that ERO take immediate steps to provide HCCC management with classification summaries for all current and future detainees. This will ensure all housing assignments are based on an accurate security classification.

A grievance officer investigates and responds to grievances. Emergency grievances are prioritized. Medical or health and safety grievances are handed directly to the facility nurse by detainees daily for appropriate review and action. Grievances referencing any matter posing an immediate threat to the health, safety, or welfare of a detainee are routed directly to the Jail Administrator. The grievance officer maintains separate logs for informal and formal grievances. The medical unit maintains a logbook for medical grievances filed by detainees. A review of the informal, formal, and medical grievance logs confirmed grievances are appropriately recorded. ODO confirmed there were three informal grievances filed by ICE detainees between January 1, 2013, and the date of this CI. Review of the formal grievance log showed no formal grievances filed by ICE detainees since October 7, 2009. All grievances,

formal and informal, are processed in compliance with the NDS. ODO did not identify any patterns or trends. No grievance issues or complaints were expressed by detainees during ODO interviews.

Disciplinary policy at HCCC addresses all NDS requirements. Prohibited acts, sanctions, the disciplinary process, detainee rights, and appeal procedures are addressed in the facility handbook, and are reviewed with detainees during orientation. Postings in each housing unit list prohibited acts and sanctions. ODO confirmed two male detainees (no females) were placed in administrative segregation during the 12 months preceding this CI. One of the males was in administrative segregation twice, both times pending a disciplinary hearing. The second detainee was also placed in administrative segregation pending a disciplinary hearing. ODO confirmed issuance of segregation orders, completion of required status reviews, and ICE notification. Review by ODO of entries in the electronic jail management system confirmed medical staff made rounds daily, and detainees were accorded all privileges required by the standard.

HCCC has a system for maintaining inventories of hazardous substances; however, running inventories of hazardous substances used in the laundry area are not maintained. Inventorying hazardous substances supports accountability and prevents potential injury to visitors, detainees, and staff. A review by ODO of five randomly-selected HCCC staff training folders confirmed completion of annual hazardous material training in each case. ODO confirmed weekly and monthly fire and safety inspections are not conducted by the safety officer or other facility staff. The facility does not have a separate room designated for barber operations; barbering is performed in the booking area. Review of documentation confirmed medical sharps and syringes are inventoried on each shift; however, ODO found the inventory of intramuscular syringes has been inaccurate since September 6, 2012.

All work associated with preparing meals is performed under contract by CBM Managed Services. There is a staff of four assigned to the kitchen. The food service staff is responsible for security in the food service area, which includes tool and key control. Knives are locked in a plastic toolbox and not in a secure cabinet as required by the standard. ODO also notes knives are not inventoried as required by the ICE NDS for Tool Control. The Tool Control NDS was not reviewed by ODO during this CI due to non-participation of ICE detainees or inmates in the food service department. Review of employee records confirmed food service personnel are not medically cleared prior to employment. After ODO advised HCCC management of the NDS requirement, medical examinations were scheduled for all assigned food service personnel. CBM management stated examinations would occur during the week following the inspection.

The food service department was inspected by the Iowa Department of Inspections and Appeals on April 26, 2013, with no violations. The Food Service Director has a cleaning schedule; however, weekly inspections are not conducted by food service staff. The facility has a satellite system of meal service involving preparation of meals in the food service kitchen and delivery to the housing units on insulated trays. No complaints from detainees regarding food service were reported or observed during this inspection.

A registered nurse (RN) serves as the HSA (RN/HSA). The Clinical Director is a contract physician who is on-site once a week. A psychiatrist and a local dentist also provide services under contract. Other outside contracts include a local pharmacy service, a local clinical

laboratory, Grundy Hospital for x-ray services, and Eldora Ambulatory Services for transportation. Allen Health Care Corporation hospitals provide urgent care, specialty care, and detoxification. ODO found staffing, space, equipment, and outside services adequate for the current size and low acuity level of the detainee population.

During intake, HCCC officers complete a preliminary health questionnaire. Medical screening, mental health screening, and dental screening are conducted by the RN/HSA. A general consent for treatment is signed by each detainee during intake. Purified protein derivative skin testing is the primary screening method for tuberculosis, and detainees with a positive purified protein derivative receive a chest x-ray. The RN/HSA stated detainees who test positive for tuberculosis receive a chest x-ray within 24 hours, but none of the records reviewed by ODO documented a positive purified protein derivative. A review by ODO of medical records for 28 current detainees confirmed intake screenings were completed within 24 hours of arrival in all cases. The RN/HSA stated an interpretation service is used for detainees with limited English proficiency. The contact number for the interpretation service is posted at each telephone in the medical clinic.

Health appraisals, which include hands-on physical examinations and dental screenings, are performed by the RN/HSA immediately following the intake screening. ODO verified the RN/HSA received the required physician training to perform physical examinations, and confirmed the Clinical Director reviewed the physical examinations in all 28 records within 14 days of arrival as required by the NDS. ODO observed the RN/HSA conducting two examinations during this review. The door to the examination room was completely open, and two officers outside of the room were within hearing distance of communications between the RN/HSA and the patient. This practice does not ensure privacy and violates patient confidentiality. In addition, ODO observed one of the officers taking patients' vital signs (blood pressure, temperature, pulse). Taking vital signs is part of the physical examination process and should only be completed by healthcare professionals.

Detainees access medical services by completing a sick call request form, available in English and Spanish, and handing the form directly to the RN/HSA, who makes daily visits to the housing units. There is a lockbox located next to the medical unit for use after hours. ODO verified sick call requests are triaged upon receipt, and detainees are seen as soon as possible. Medications are distributed by correctional officers, who complete an approved medication distribution training program through the Iowa Law Enforcement Academy. ODO reviewed the curriculum for the course and found it adequate. The RN/HSA reviews medication administration records at the end of each day to ensure proper completion by HCCC officers. ODO confirmed distribution of medication is in accordance with orders from the Clinical Director.

HCCC has a comprehensive written policy that provides for the prevention, reporting, and investigation of sexual assaults. The policy includes zero-tolerance of sexual misconduct, sexual assault, and sexually abusive conduct involving detainees, regardless of consent. HCCC has a designated Sexual Abuse and Assault Prevention and Intervention (SAAPI) program coordinator, and a nurse serves as the Prison Rape Elimination Act (PREA) coordinator. HCCC personnel attend training sessions, workshops, and web-based opportunities. ODO notes HCCC adherence to SAAPI is voluntary, because there has been no modification to the intergovernmental service

agreement with Hardin County to accommodate adherence to the SAAPI standard of the ICE Performance-Based National Detention Standards.

There is an internal PREA Hotline that can be dialed from any telephone at HCCC. Detainees may also choose to directly notify the Jail Administrator, the assistant jail administrator, the duty supervisor, or the PREA coordinator. There have been no incidents of sexual assault reported by ICE detainees. This PREA protocol was implemented at HCCC on October 15, 2012.

The HCCC special management unit designated for male detainees in administrative segregation is D-Cell. Female detainees assigned to administrative segregation status are restricted to a cell in the general population housing unit. The special management unit cells have steel beds attached to the floor, a steel desk, and a sink/toilet combination unit secured to the floor and the wall. Each cell is under video surveillance and has an intercom for communication with the control room officer. ODO confirmed the units are adequately lit, well ventilated, climate controlled, and maintained in a sanitary condition. The common areas have a television, an electronic message board, a telephone, a shower, a table with four attached chairs, and an intercom at the entrance. There is one indoor recreation area for detainees in segregation, with separation by gender and segregation status afforded by scheduling. HCCC does not have an outdoor recreation area, but HCCC policy allows detainees with a preference to request a transfer to a facility with outside recreation.

The special management unit for disciplinary segregation is a single cell located in the booking area. The cell has a single cement bed with a toilet/sink combination. The cell is under video surveillance and has an intercom for communication with the control room officer.

There were no detainees on disciplinary segregation during this review. HCCC management stated one detainee has been sanctioned with disciplinary segregation on two separate occasions during the 12 months preceding this CI. In March 2013, the detainee was sanctioned with ten days in disciplinary segregation for placing a pill under his tongue and pretending to swallow it. In May 2013, the same detainee was sanctioned with three days in disciplinary segregation for refusing to obey the order of a staff member. ODO reviewed documentation and confirmed issuance of segregation orders by the Institutional Disciplinary Panel and completion of required status reviews.

ODO verified detainees in administrative segregation and disciplinary segregation receive the same privileges as detainees in general population, and medical staff makes rounds daily in all areas used for segregation purposes.

The Assistant Field Office Director visits HCCC twice yearly to meet with facility management and observe conditions of confinement. ICE staff makes weekly scheduled and unscheduled visits to address detainee concerns and monitor conditions of confinement. ODO confirmed the visits by the Assistant Field Office Director and ICE staff via a review of ICE Facility Liaison Visit Checklists generated between January 2, 2013 and June 4, 2013. Detainees are permitted to submit formal written questions, concerns, or requests to ERO personnel and facility staff via a request form, printed in English and Spanish. Request forms are available in each detainee housing unit. ODO reviewed 200 randomly-selected requests submitted by detainees between January 2, 2013 and June 11, 2013. ODO confirmed each request form received a response

within 72 hours, and the requests were entered in an electronic request log; however, the HCCC log had no space for entries documenting the date the request was forwarded to ICE, or the date a response was provided to the detainee.

HCCC management stated there have been no detainee suicide watches during the 12 months preceding this CI. ODO verified screening for suicide potential occurs as part of intake screening. Facility policy addresses all requirements of the ICE NDS. A review of the HCCC Suicide Prevention Awareness training curriculum confirmed it covers the required elements, including recognizing signs of suicidal thinking, facility referral procedures, suicide prevention techniques, responding to an in-progress suicidal attempt, identification of suicide risk factors, and the psychological profile of a suicidal detainee. ODO reviewed (b)(7) randomly-selected correctional staff training records and confirmed all had completed annual training in suicide prevention and intervention.

Detainees have reasonable and equitable access to telephones at HCCC. A review of the HCCC detainee telephone logbook confirmed facility personnel conduct daily inspections of telephones and report maintenance issues promptly. There are 20 telephones provided for detainee use, and ODO verified all were in working order at the time of this CI. Per HCCC policy, detainees receive emergency messages and are permitted to return emergency telephone calls without delay. ODO confirmed a private room with an unmonitored telephone is available for calls to a legal representative, and two additional unmonitored telephones in the law library are made available, if necessary. Detainees expressed no complaints regarding telephone access during interviews with ODO.

HCCC management has a comprehensive use of force policy that addresses all requirements of the standard. HCCC personnel use a restraint chair, but do not use four-point restraints. Due to the limited number of staff on duty each shift, Special/Emergency Response Operations Team training emphasizes one and two-person techniques, though emergency equipment is maintained for a (b)(7) man team if staff is available. ODO reviewed training records for (b)(7) correctional supervisors, (b)(7) full-time correctional officers, and (b)(7) part-time correctional officers. ODO confirmed training in use of force techniques was provided at the Iowa Jail Academy to each employee, with an additional 20 hours of in-service training at a jail facility. Use of force training is also provided during HCCC annual refresher training.

According to facility policy, Tasers, electro-muscular disruption devices, are issued to all qualified correctional supervisors and officers, but HCCC policy prohibits use of the device on ICE detainees. Correctional officers also carry oleoresin capsicum (OC) spray. ODO verified current certification in Tasers and OC spray for all authorized personnel. Audio-visual recording equipment is located in the office of the correctional supervisor in charge of investigations. ODO reviewed documentation and confirmed the equipment is checked daily by the shift supervisor. For additional monitoring, fixed security cameras are located throughout the facility.

The Jail Administrator maintains documentation for use of force incidents at the facility. The Jail Administrator stated there has been one immediate use of force incident involving an ICE detainee during the 12 months preceding this CI, with no calculated use of force incidents during the same period. The immediate use of force incident occurred on May 30, 2013, and was video recorded by a fixed security camera. ODO reviewed the video recording and observed the

detainee was non-compliant with the commands of an HCCC officer while under escort. A sergeant arrived to assist, and the detainee became aggressive. The sergeant used a neck restraint technique on the detainee in order to gain control. The technique is potentially dangerous and is specifically prohibited by the NDS. Documentation of the incident reflects medical staff attempted to examine the detainee following the incident, but the detainee declined. HCCC management completed an after action review, and notified ERO. ODO reported the incident to the Joint Intake Center during this CI, because the incident had not been previously reported to OPR, in accordance with ICE policy. The Jail Administrator stated to ODO that the sergeant has been demoted, and employment of the sergeant with the Hardin County Sheriff's Office is under review.

OPERATIONAL ENVIRONMENT

INTERNAL RELATIONS

ODO interviewed the Assistant Field Office Director, the Jail Administrator, and the assistant jail administrator. All stated the working relationship between HCCC and ICE personnel is excellent, morale is high, and working conditions are adequate to accomplish all required duties. The Jail Administrator stated he regularly observes ICE staff visiting detainees in the housing units throughout the week to communicate with detainees and address concerns. The Assistant Field Office Director stated resources are sufficient to carry out all assigned duties and responsibilities.

DETAINEE RELATIONS

ODO interviewed 16 randomly-selected ICE detainees (13 male; three female) to assess detention conditions at HCCC. There were no complaints regarding personal hygiene, the law library, religious services, food service, telephones, or visitation. Detainees can send and receive mail. ICE visitation schedules listing the names of each assigned Deportation Officer are posted in every housing unit. All detainees are able to contact ICE staff via ICE request forms, or through interaction with ICE staff during ICE weekly visits.

One detainee stated he could not get assistance with translation for his immigration case from ERO staff or facility personnel. ODO brought this to the attention of HCCC and ERO management, and a Bosnian translator was contacted prior to the conclusion of this CI.

There were no complaints from detainees regarding personal hygiene. However, ODO learned during this CI that the initial issuance of basic hygiene items is free of charge, but detainees are required to pay \$1.35 for replenishment. This is not a violation of the NDS, but does violate standing ICE policy established in a memorandum written by (b)(6), (b)(7)c Acting Commissioner, INS, to all INS Regional Directors and Administrative Center Directors, dated May 18, 2001, which states detainees may not be charged for basic hygiene items, such as soap, shampoo, toothpaste, and shaving cream.

ICE NATIONAL DETENTION STANDARDS

ODO reviewed a total of 14 NDS and found HCCC fully compliant with the following six standards:

1. Detainee Grievance Procedures
2. Detainee Handbook
3. Special Management Unit (Administrative Segregation)
4. Special Management Unit (Disciplinary Segregation)
5. Suicide Prevention and Intervention
6. Telephone Access

As the standards above were compliant at the time of the review, a synopsis for these standards was not prepared for this report.

ODO found 17 deficiencies in the following eight standards:

1. Access to Legal Material
2. Admission and Release
3. Detainee Classification System
4. Environmental Health and Safety
5. Food Service
6. Medical Care
7. Staff-Detainee Communication
8. Use of Force

Findings for these standards are presented in the remainder of this report.

ACCESS TO LEGAL MATERIAL (ALM)

ODO reviewed the Access to Legal Material standard at HCCC to determine if detainees have access to a law library, legal materials, courts, counsel, and document copying equipment to facilitate the preparation of legal documents. ODO reviewed local policies, procedures, and the detainee handbook, inspected the areas designated for law library use, and interviewed staff and detainees.

The law library is in a quiet room separate from the housing units. The space is equipped with desks, chairs, and a computer equipped with the most recent version of LexisNexis. HCCC has a designated employee responsible to inspect the law library and ensure the computer is properly maintained. HCCC management stated detainees are charged for paper and writing implements (**Deficiency ALM-1 (III)(B)**). During the CI, HCCC management corrected this deficiency by revising policy, and posting a notice in the law library stating paper and writing implements will be provided free of charge. The facility handbook was also revised to reflect this change.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY ALM-1

In accordance with the ICE NDS, Access to Legal Material, section (III)(B), the FOD must ensure "the law library shall provide an adequate number of typewriters and/or computers, writing implements, paper, and office supplies to enable detainees to prepare documents for legal proceedings.

The facility shall designate an employee with responsibility to inspect the equipment at least weekly and ensure that it is in good working order, and to stock sufficient supplies.

Equipment and office supplies shall generally include:

- 1 Typewriters with replacement typewriter ribbon and correction tape. Computers may also be provided for detainees use.
- 2 Carbon paper (unless a copier is available)
- 3 Writing implements
- 4 Writing tablets
- 5 Non-toxic liquid paper"

ADMISSION AND RELEASE (AR)

ODO reviewed the Admission and Release standard at HCCC to determine if procedures are in place to protect the health, safety, security, and welfare of each person during the admission and release process. ODO interviewed staff, reviewed policies and procedures, and observed the intake processing of detainees.

HCCC has written policies and procedures to protect the health, safety, security, and welfare of detainees during the admission and release process. ODO observed the intake area is adequately staffed. During the admission process, detainees are medically screened, view English and Spanish versions of an ICE orientation video and an HCCC orientation video, and receive an HCCC facility handbook and an ICE National Detainee Handbook. Both handbooks are available in English and Spanish.

Detainee property is inventoried, logged, and documented on a personal property form, which is attached to an individual property bag. Valuables and personal property are stored in a secure area. Detainees are provided with appropriate clothing and an initial packet of hygiene supplies free of charge. HCCC management stated detainees are required to pay \$1.35 for replenishment of hygiene supplies. Indigent detainees carry a negative balance on their commissary accounts for replenished supplies and are charged if money is deposited in their accounts. This is not a violation of the NDS, but does violate standing ICE policy established in a memorandum written by (b)(6), (b)(7)c Acting Commissioner, INS, to all INS Regional Directors and Administrative Center Directors, dated May 18, 2001. The memorandum states detainees may not be charged for basic hygiene items, such as soap, shampoo, toothpaste, and shaving cream. This precludes charging detainees for replenishment of basic hygiene products. HCCC management corrected this by revising HCCC written policy to reflect that replenishment of hygiene supplies is free of charge to all detainees. The facility handbook was also revised to reflect this change.

HCCC staff does not fingerprint detainees prior to release from the facility (**Deficiency AR-1 (III)(J)**). During the CI, HCCC management took immediate action to correct this deficiency by revising HCCC written policy to require facility staff to obtain a right index fingerprint on each booking sheet when detainees are released.

HCCC has a written policy stating strip searches are only permitted with supervisory approval when reasonable suspicion of contraband exists. During this CI, 11 of the 16 detainees interviewed by ODO stated they were strip searched at admission. ODO determined from interviews with HCCC management that correctional officers conducted strip searches without supervisory approval and without reasonable suspicion that the individual being strip searched possessed contraband (**Deficiency AR-2 (Change Notice)**). Prior to conclusion of this CI, the Jail Administrator met with assigned corrections officers to discuss the issue, and issued a memo reiterating to all facility personnel that strip searches are only permitted with supervisory approval when reasonable suspicion of contraband exists.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY AR-1

In accordance with the ICE NDS, Admission and Release, section (III)(J), the FOD must ensure "staff must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include completing and processing forms, closing files, fingerprinting; returning personal property; and reclaiming facility-issued clothing, bedding, etc. INS will approve the IGSA release procedures."

Note: The letter "J" in section III of the Admission and Release NDS is repeated twice. This deficiency refers to the second "J."

DEFICIENCY AR-2

In accordance with the ICE NDS, Change Notice Admission and Release - National Detention Standard Strip Search Policy, memorandum from Director John P. Torres, dated October 15, 2007, the FOD must ensure "effective immediately, all facilities housing Immigration and Customs Enforcement (ICE) detainees shall permit detainees to change clothing and shower in a private room without being visually observed by a staff member, unless there is reasonable suspicion that the individual possesses contraband. A staff member of the same gender will be present immediately outside the room when the detainee changes and showers, with the door opened to hear what transpires inside. This includes Service Processing Centers (SPCs), Contract Detention Facilities (CDFs) and those locations having Intergovernmental Service Agreements (IGSAs) with ICE.

Facilities are reminded that strip searches, cavity searches, monitored changes of clothing, monitored showering, and other required exposure of the private parts of a detainee's body for the purpose of searching for contraband are prohibited, absent reasonable suspicion of contraband possession. Facilities may use less intrusive means to detect contraband, such as clothed pat searches, intake questioning, x-rays, and metal detectors.

These limitations apply only when the purpose of the required removal of clothing is to search for contraband. They do not apply, for example, to examinations for medical screening, diagnosis, or treatment.

If information developed during admissions processing supports reasonable suspicion for a full search, the information supporting that suspicion should be documented in detail on Form G-1025, Record of Search).

DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO reviewed the Detainee Classification System standard at HCCC to determine if there is a formal classification process for managing and separating detainees based on verifiable and documented data, in accordance with the ICE NDS. ODO inspected detainee and alien files, interviewed staff and detainees, toured the intake area, and reviewed policies, procedures, and the facility handbook.

Facility personnel and ERO staff stated detainees are classified by ERO prior to arrival at HCCC, and classification levels are placed on an Order to Detain or Release Alien (Form I-203). ODO reviewed 21 detention files. In 15 of those files, a classification level was not recorded on the Form I-203 or on any other document provided by ERO. In addition to not consistently providing the facility with a classification level, ERO does not provide a classification worksheet to the facility. During this CI, ODO also found four detention files that did not contain a Record of Deportable Alien (Form I-213), a criminal history, or other information critical to a classification determination (**Deficiency DCS-1 (III)(D)**). ODO recommends ERO take immediate steps to provide HCCC personnel with classification information on all current and future detainees, because proper classification is fundamental to ensuring detainees are assigned to appropriate housing. This is a life-safety issue.

ERO provided classification summaries for nine detainees generated using the ENFORCE Alien Removal Module system. ODO compared the summary forms to the HCCC database and identified two discrepancies. A detainee listed as Medium-High in the facility's database had been classified as High by ERO, and a detainee listed as Medium-High was classified by ERO as Medium-Low. ODO confirmed, despite classification discrepancies, the detainees were housed appropriately. HCCC management corrected the database. The errors, which HCCC management attributed to the absence of ERO classification documentation, potentially placed detainees at risk. It is critical ERO take immediate steps to provide HCCC management with classification summaries for all current and future detainees. This will ensure all housing assignments are based on an accurate security classification, and will support facility compliance with the standard. The remaining detainees whose files were reviewed by ODO were confirmed to be housed appropriately.

The facility does not have a system for reclassifying detainees (**Deficiency DCS-2 (III)(G)**). HCCC management stated ERO is contacted and asked to complete a detainee reclassification as individual circumstances change.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DCS-1

In accordance with the ICE NDS, Detainee Classification System, section (III)(D), the FOD must ensure "staff shall use the most reliable, objective information from the detainee's A-file or work-folder during the classification process. "Objective" information refers to facts, e.g., current offense, past offenses, escapes, institutional disciplinary history, violent episodes/incidents, etc. Opinion, even informed opinion (based on profiling, familiarity, personal experience, etc.) is different from fact, and therefore irrelevant for detainee classification.

INS offices shall provide non-INS facilities with the necessary information for the facility to classify INS detainees. Because INS selectively releases material from the detainee's record to persons who are not INS employees (e.g., CDF or IGSA facility personnel), non-INS officers must rely on the judgment of the INS staff who select material from the files for facility use.

Examples of Acceptable Forms and Information

1. I-221 - Order to Show Cause (OSC/WA) and Notice of Hearing, with bond conditions (charging documents for aliens in deportation proceedings);
2. I-862 - Notice to Appear (charging document for aliens in removal proceedings);
3. I-110 and I-122 - Notice to Applicant for Admission, Detained for Hearing before Immigration Judge (charging documents for aliens in exclusion proceedings);
4. Form I-213 - Record of Deportable Alien;
5. All conviction documents relating to charges on Form I-221, I-862, I-110/122, or I-213 above;
6. Criminal History (Rap Sheet) - NCIC/CII/TII, etc.; and
7. Any other official record or observation that is verifiable and can be justified under review by official means.

Unacceptable sources of information include:

1. A written or oral account from an interested party, whether the detainee himself/herself, an NGO, an officer, other personnel involved in law enforcement/detention, or some other person, unless and until it has been officially confirmed;
2. Unconfirmed and unverified information provided by the new arrival; and
3. The unverified opinion of officers and other personnel;
4. Physical characteristics of the detainee, such as tattoos, descriptive clothing, recent needle puncture marks, and digital amputations. These physical characteristics may be used to investigate further but may not be used in the completion of the DCS form unless verified."

DEFICIENCY DCS-2

In accordance with the ICE NDS, Detainee Classification System, section (III)(G), the FOD must ensure "all facility classification systems shall ensure that a detainee may be reclassified any time and the classification level redetermined[sic]."

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the Environmental Health and Safety standard at HCCC to determine if the facility maintains high standards of cleanliness and sanitation, safe work practices, and control of hazardous materials and substances, in accordance with the ICE NDS. ODO toured the facility, interviewed staff, and reviewed policies and documentation of inspections, hazardous chemical management, and fire drills.

ODO observed sanitation was maintained at a high level throughout the facility. A sergeant serves as the safety officer. During interviews, staff members articulated an understanding of requirements for handling and control of hazardous substances. A review by ODO of (b)(7)e randomly-selected training folders confirmed completion of annual training in each case.

HCCC has a system for maintaining inventories; however, a running inventory of hazardous substances used in the laundry area is not maintained (**Deficiency EH&S-1 (III)(A)**). Inventorying hazardous substances establishes accountability and prevents potential injury to visitors, detainees, and staff. A master index and Material Safety Data Sheets for all hazardous substances used in the facility is maintained by the Jail Administrator; however, HCCC management does not conduct a semi-annual review (**Deficiency EH&S-2 (III)(C)**). Regularly scheduled reviews assure the master index is complete and accurate.

ODO verified monthly fire drills are conducted on each shift, and documentation is maintained by the safety officer. Emergency keys are drawn and tested during fire drills. ODO observed lighted exit signs throughout the facility in accordance with National Fire Protection Association regulations. Exit diagrams and evacuation routes are conspicuously posted throughout the facility and are displayed in English and Spanish. These diagrams are included in the detainee handbook. The most recent Fire Life Safety Inspection at HCCC was conducted by the Iowa Department of Public Safety, Fire Marshal's Division on July 23, 2012, with no violations cited. Weekly fire and safety inspections are not conducted by the safety officer or facility staff (**Deficiency EH&S-3 (III)(L)(2)**). Routine, frequent internal inspections ensure potential issues are identified and remedied, which bolsters the safety of detainees, visitors, and staff.

The facility water supply was certified on March 13, 2013, by Eldora Water Supply. ODO verified generator tests are conducted bi-weekly for one hour by the Altorfer Power System, with the most recent test conducted June 10, 2013. HCCC contracts with Shield Pest Control for monthly pest control services and eradication as needed. ODO reviewed documentation and confirmed performance of pest control services.

The facility does not have a separate room designated for barber operations; barbering is performed in the booking area (**Deficiency EH&S-4 (III)(P)(1)**). The booking area has a sink with hot and cold water, and sanitation regulations are posted on the wall. A staff member, who is a licensed barber, cuts hair upon request.

Review of documentation confirmed medical sharps and syringes are inventoried on each shift; however, ODO found the inventory of intramuscular syringes has been inaccurate since September 6, 2012. Specifically, eight one-inch syringes were listed on the inventory, but nine were present; 14 one-and-a-half inch syringes were listed on the inventory, but 13 were present

(Deficiency EH&S-5 (III)(Q)(1)). It is critical that accurate inventories are maintained at all times, because medical sharps pose a unique safety and security risk. During the review, medical staff safely disposed of the one and one-half inch syringes because they are rarely used, and corrected the inventory for the remaining syringes. ODO confirmed bio-hazardous medical waste is handled properly within the facility and is removed on a bi-monthly basis by Stericycle, Incorporated, a licensed medical waste disposal company. Blood-borne pathogen protection and clean-up kits are located in the health service department and are readily available for spills.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY EH&S-1

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(A), the FOD must ensure "every area will maintain a running inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area. 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.)."

DEFICIENCY EH&S-2

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(C), the FOD must ensure "the Maintenance Supervisor or designate will compile a master index of all hazardous substances in the facility, including locations, along with a master file of MSDSs. He/she will maintain this information in the safety office (or equivalent), with a copy to the local fire department. Documentation of the semi-annual reviews will be maintained in the MSDS master file.

The master index will also include a comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.)."

DEFICIENCY EH&S-3

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(L)(2), the FOD must ensure "a qualified departmental staff member will conduct weekly fire and safety inspections[sic]; the maintenance (safety) staff will conduct monthly inspections. Written reports of the inspections will be forwarded to the OIC for review and, if necessary, corrective action determinations. The Maintenance Supervisor or designate will maintain inspection reports and records of corrective action in the safety office."

DEFICIENCY EH&S-4

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(P)(1), the FOD must ensure "the [barber] operation will be located in a separate room not used for any other purpose. The floor will be smooth, nonabsorbent and easily cleaned. Walls and ceiling will be in good repair and painted a light color. Artificial lighting of at least 50-foot candles will be provided. Mechanical ventilation of 5 air changes per hour will be provided if there are no operable windows to provide fresh air. At least one lavatory will be provided. Both hot and cold water will be available, and the hot water will be capable of maintaining a constant flow of water between 105 degrees and 120 degrees."

DEFICIENCY EH&S-5

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(Q)(1), the FOD must ensure "an inventory will be kept of those items that pose a security risk, such as sharp instruments, syringes, needles, and scissors. This inventory will be checked weekly by an individual designated by the medical facility Health Service Administrator (HSA) or equivalent."

FOOD SERVICE (FS)

ODO reviewed the Food Service standard at HCCC to determine if detainees are provided with a nutritious and balanced diet, in a sanitary manner, in accordance with the ICE NDS. ODO reviewed policy and documentation, interviewed staff, observed meal service and tray delivery, and inspected food storage and preparation areas.

All work associated with preparing meals is performed by contractor CBM Managed Services. There is a staff of (b)(7)e assigned to the kitchen, comprised of (b)(7)e full-time food service director, (b)(7)e full-time cook, and (b)(7)e part-time cooks. Food service staff is supported by a regional food service manager and an assistant regional food service manager. The food service staff is responsible for security in the food service area, including tool and key control. No detainees or inmates are assigned to work in the food service area. ODO observed sanitation was maintained at a high level throughout the food service area.

The facility has a satellite system of meal service involving preparation of meals in the kitchen and delivery to housing units on insulated trays. ODO observed the food service staff wear proper uniforms, hair restraints, and gloves during food preparation and service. ODO sampled a meal and found the food items had good taste, and portions were adequate. Food service staff was observed taking temperatures of food in the kitchen and in the housing units prior to service. ODO tested food temperatures with a thermometer and confirmed all were within the required range. During interviews with ODO, detainees had no complaints regarding food service at HCCC.

Review by ODO of documentation confirmed the master cycle menu is reviewed annually by the regional food service administrator and certified by a registered dietician based on a complete nutritional analysis. The master menu is a 28 day cycle and includes a variety of food items. At least two hot meals are served per day. ODO verified procedures are in place for medical and religious diets, but no detainees were receiving special diets at the time of this CI. Special diet menus are approved by the registered dietician.

The food service staff is responsible for security in the food service area, including tool and key control. Knives are locked in a plastic toolbox and not in a secure cabinet as required by the standard (**Deficiency FS-1 (III)(B)(2)**). ODO also notes knives are not inventoried as required by the ICE NDS for Tool Control. The Tool Control NDS was not reviewed by ODO during this CI due to non-participation of ICE detainees or inmates in the food service department. Properly securing and accounting for knives ensures they are controlled and accounted for, which supports facility safety and security.

ODO confirmed food service personnel had not received pre-employment medical examinations, and were not medically cleared prior to employment (**Deficiency FS-2 (III)(H)(3)**). After ODO advised HCCC management of the NDS requirement, medical examinations were scheduled for all assigned food service personnel. CBM management stated examinations would occur during the week following the inspection.

Storage areas consist of a spacious dry storage room, a walk-in freezer, a walk-in cooler, and a stand-up cooler. ODO confirmed temperatures in the walk-in freezer and both coolers are

maintained at required levels, and temperature logs are maintained by the food service director. All storage areas are clean, organized, and exhibit no signs of pest infestation.

The food service department was most recently inspected by the Iowa Department of Inspections and Appeals on April 26, 2013, with no violations identified. The food service director has a cleaning schedule; however, weekly inspections are not conducted by food service staff (**Deficiency FS-3 (III)(H)(13)(a-b)**). Routine inspection with documentation of identified concerns and corrective action ensures accountability, safety, and sanitation in the food service area.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY FS-1

In accordance with the ICE NDS, Food Service section (III)(B)(2), the FOD must ensure "the knife cabinet must be equipped with an approved locking device."

DEFICIENCY FS-2

In accordance with the ICE NDS, Food Service, section (III)(H)(3) the FOD must ensure:

- a. "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 reasons of communicable illness (including diarrhea) shall be referred to Health Services for a determination as to fitness for duty prior to resuming work;
- b. The food service workers' examination shall be conducted in sufficient detail to determine absence of:
 1. Acute or chronic inflammatory condition of the respiratory system.
 2. Acute or chronic infectious skin disease.
 3. Communicable disease.
 4. Acute or chronic intestinal infection."

DEFICIENCY FS-3

In accordance with the ICE NDS, Food Service, sections (III)(H)(13)(a-b), the FOD must ensure:

- a. "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 temperatures daily, recording the results.

The FSA or CS of food service shall inspect food service areas weekly.

An independent, external source shall conduct annual inspections to ensure that the food service facilities and equipment meet governmental health and safety codes.

- b. Personnel inspecting the food service department shall note needed corrective action(s), if any, in a written report to the OIC. The OIC shall establish the date(s) by which identified problems shall be corrected.”

MEDICAL CARE (MC)

ODO reviewed the Medical Care standard at HCCC to determine if detainees have access to healthcare and emergency services to meet health needs in a timely manner, in accordance with the ICE NDS. ODO reviewed facility policy, toured all areas where medical services are provided, interviewed staff, and observed sick call and medical intake procedures. ODO also reviewed the medical records for the 28 detainees held at HCCC at the time of this CI.

The RN/HSA is the sole medical staff member employed by Hardin County. The RN/HSA performs clinical and administrative duties on-site on a full-time basis, and is on-call 24 hours a day, seven days a week. The Clinical Director is a contract physician who is on-site once a week. A psychiatrist and a local dentist provide services to HCCC under contract.

The medical clinic consists of one spacious room that contains an examination table, medical equipment, supplies, and medical records, with a waiting room. The RN/HSA uses the clinic as an office. ODO confirmed medical equipment and medical records are properly secured. HCCC does not have a room equipped with negative pressure for detainees with suspected tuberculosis or other communicable diseases. The RN/HSA stated detainees requiring a negative pressure room are transferred to a local hospital or to an ICE facility with appropriate medical accommodations.

HCCC has contracts with Allen Health Care Corporation hospitals for urgent care, specialty care, and detoxification; Grundy Hospital for x-ray services; Eldora Ambulatory Services for transportation; a local pharmacy service; and a clinical laboratory. ODO finds staffing, space, equipment, and outside services adequate for the current size and low acuity level of the detainee population.

During intake, HCCC officers complete a preliminary health questionnaire. Medical screenings, mental health screenings, and dental screenings are conducted by the RN/HSA. A general consent for treatment is signed by detainees during intake. Purified protein derivative skin testing is the primary screening method for tuberculosis, and detainees with a positive purified protein derivative receive a chest x-ray. The RN/HSA stated detainees who test positive for tuberculosis receive a chest x-ray within 24 hours, but none of the records reviewed by ODO documented a positive purified protein derivative. A review by ODO of medical records for the 28 current detainees confirmed intake screenings were completed within 24 hours of arrival in all cases. The RN/HSA stated an interpretation service is used for detainees with limited English proficiency. The contact number for the interpretation service is posted at each telephone in the medical unit.

Health appraisals, which include hands-on physical examinations and dental screenings, are performed by the RN/HSA immediately following intake screenings. ODO verified the RN/HSA received the required physician training to perform physical examinations, and confirmed the Clinical Director reviewed each physical examination within 14 days of arrival, in accordance with the NDS. ODO observed the RN/HSA conducting two examinations during this CI. The door to the examination room was completely open, and (b)(7)e officers outside of the room were within hearing distance of communications between the RN/HSA and the patient. This practice does not ensure privacy and violates patient confidentiality

(Deficiency MC-1 (III)(B)). In addition, ODO observed one of the officers taking patients' vital signs (blood pressure, temperature, pulse). Taking vital signs is part of the physical examination process and should only be completed by healthcare professionals (**Deficiency MC-2 (III)(D)**). The RN/HSA stated correction officers are stationed in the medical unit and regularly take vital signs for patients in the clinic. This issue was not resolved prior to completion of this CI.

The medical records reviewed by ODO included files for six detainees identified as chronic care patients due to high blood pressure and/or high cholesterol. Documentation of proper care, monitoring, and follow-up was present in each file. There were no cases involving medical procedures requiring specific consent.

Detainees are able to access medical services by completing a sick call request form, available in English and Spanish, and providing the form directly to the RN/HSA, who visits the housing units daily Monday through Friday. A secure lockbox for deposit of sick call requests is located outside of the medical unit for use after hours. ODO confirmed sick call requests are triaged upon receipt, and detainees are seen as soon as possible.

HCCC has a comprehensive policy that covers emergency medical care. Emergency contact numbers are posted in the medical clinic and in central control. There are two emergency kits located in the intake area and outside of central control, and an automated external defibrillator (AED) is positioned outside of central control. Documentation reflects the RN/HSA performs monthly inventories and serviceability checks of the AED. A review by ODO of training records for (b)(7) correctional staff and the RN/HSA confirmed current training in first aid, four-minute response, cardiopulmonary resuscitation, and use of the AED.

Medications are distributed by correctional officers who complete an approved medication distribution training program through the Iowa Law Enforcement Academy. ODO reviewed the curriculum for the course and found it adequate. The RN/HSA reviews medication administration records at the conclusion of each day to ensure proper completion by HCCC officers. ODO confirmed distribution of medication is in accordance with orders from the Clinical Director.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY MC-1

In accordance with the ICE NDS, Medical Care, section (III)(B), the FOD must ensure "adequate space and equipment will be furnished in all facilities so that all detainees may be provided basic health examinations and treatment in private."

DEFICIENCY MC-2

In accordance with the ICE NDS, Medical Care, section (III)(D), the FOD must ensure "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."

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the Staff-Detainee Communication standard at HCCC to determine if procedures are in place to allow formal and informal contact between detainees and key ICE and facility staff, and if ICE detainees are able to submit written requests to ICE staff and receive responses in a timely manner. ODO interviewed staff and detainees, toured the housing units, and reviewed policies, request logs, ERO visitation records, and detention files.

Staff-detainee communication policies at HCCC allow detainees to have informal access to ERO and facility staff. ERO visitation schedules are conspicuously posted in all detainee housing units. ODO reviewed the ERO and HCCC visitation logbooks, and confirmed the Assistant Field Office Director visits the facility twice yearly to meet with HCCC management and interact with detainees. A Supervisory Detention and Deportation Officer makes monthly unscheduled visits to observe conditions of confinement. ODO reviewed Facility Liaison Visit Checklists generated between January 2, 2013, and June 4, 2013, and confirmed ERO officers conduct weekly scheduled and unscheduled visits to address detainee concerns and monitor conditions of confinement.

Detainees are permitted to submit formal written questions, concerns, or requests to ERO personnel and facility staff via a request form, printed in English and Spanish. Request forms are available in each housing unit. ODO reviewed 200 randomly-selected requests submitted by detainees between January 2, 2013, and June 11, 2013, and verified each request was recorded in an electronic request log, with a response provided within 72 hours. The majority of requests were inquiries regarding the status of immigration proceedings. There were a small number of requests concerning miscellaneous facility-related matters. ODO observed the HCCC log has no space for entries documenting the date the request was forwarded to ICE, or the date a response was provided to the detainee (**Deficiency SDC-1 (III)(B)(2)**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SDC-1

In accordance with the ICE NDS, Staff-Detainee Communication, section (III)(B)(2), the FOD must ensure "all requests shall be recorded in a logbook specifically designed for that purpose. The log, at a minimum, shall contain:

- a. The date the detainee request was received;
- b. Detainee's name;
- c. A-number;
- d. Nationality;
- e. Officer logging the request;
- f. The date that the request, with staff response and action, is returned to the detainee; and
- g. Any other site-specific pertinent information.

In IGSAs, the date the request was forwarded to ICE and the date it was returned shall also be recorded.

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."

USE OF FORCE (UOF)

ODO reviewed the Use of Force standard at HCCC to determine if necessary use of force is used only after all reasonable efforts have been exhausted to gain control of a subject, while protecting and ensuring the safety of detainees, staff and others, preventing serious property damage, and ensuring the security and orderly operation of the facility, in accordance with the ICE NDS. ODO interviewed staff, toured the facility, inspected security equipment, and reviewed policies, staff training records, and use of force documentation.

HCCC management has a comprehensive use of force policy that addresses all requirements of the standard. HCCC personnel use a restraint chair, but do not use four-point restraints. Due to the limited number of staff on duty each shift, Special/Emergency Response Operations Team training emphasizes one and two-person techniques, though emergency equipment is maintained for a (b)(7)e man team if staff is available. ODO reviewed training records for (b)(7)e correctional supervisors, (b)(7)e full-time correctional officers, and (b)(7)e part-time correctional officers and confirmed training in use of force techniques was provided to each employee at the Iowa Jail Academy, with an additional 20 hours of in-service training at a jail facility. Use of force training is also provided during HCCC annual refresher training.

According to facility policy, Tasers, electro-muscular disruption devices, are issued to all qualified correctional supervisors and officers, but HCCC policy prohibits use of the device on ICE detainees. Correctional officers also carry OC spray. ODO verified current certifications in Tasers and OC spray for all authorized personnel.

Audio-visual recording equipment is located in the office of the correctional supervisor in charge of investigations. ODO reviewed documentation and confirmed the equipment is checked daily by the shift supervisor. For additional monitoring, fixed security cameras are located throughout the facility.

The Jail Administrator maintains documentation for use of force incidents at the facility. The Jail Administrator stated there has been one immediate use of force incident involving an ICE detainee during the 12 months preceding this CI, with no calculated use of force incidents during the same period. The immediate use of force incident occurred on May 30, 2013, and was video recorded by a fixed security camera. ODO reviewed the video recording and observed the detainee was non-compliant with the commands of an HCCC officer while under escort. A sergeant arrived to assist, and the detainee became aggressive. The sergeant used a neck restraint technique on the detainee in order to gain control (**Deficiency UOF-1 (III)(N)**). The technique is potentially dangerous and is specifically prohibited by the NDS. Documentation of the incident reflects that medical staff attempted to examine the detainee following the incident, but the detainee declined. HCCC management completed an after action review, and notified ERO. ODO reported the incident to the Joint Intake Center during this CI, because the incident had not been previously reported to OPR, in accordance with ICE policy. The Jail Administrator stated to ODO that the sergeant has been demoted, and employment of the sergeant with Hardin County Sheriff's Office is under review.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY UOF-1

In accordance with the ICE NDS, Use of Force, section (III)(N), the FOD must ensure “the following acts and techniques are prohibited when using nondeadly[sic] force:

1. Choke holds, carotid control holds, and other neck restraints;
2. Using a baton to apply choke or “come-along” holds to the neck area;
3. Intentional baton strikes to the head, face, groin, solar plexus, neck, kidneys, or spinal column;
4. Striking a detainee for failing to obey an order;
5. Striking a detainee when grasping or pushing him/her would achieve the desired result;
6. Using force against a detainee offering no resistance.

For further information, see the National Enforcement Standard, “Use of Nondeadly Force.””