



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

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**Office of Detention Oversight  
Follow-Up Compliance Inspection**

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

**Polk County Jail (Des Moines, IA)  
Des Moines, Iowa**

**August 9-11, 2022**

**FOLLOW-UP COMPLIANCE INSPECTION**  
**of the**  
**POLK COUNTY JAIL (DES MOINES, IA)**  
Des Moines, Iowa

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## **FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS**



Team Lead	ODO
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## FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a follow-up compliance inspection of the Polk County Jail (Des Moines, IA) (PCJ) in Des Moines, Iowa, from August 9 to 11, 2022.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last inspection of PCJ from January 24 to 27, 2022. The facility opened in 2008 and is owned by Polk County and operated by the Polk County Sheriff’s Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at PCJ in 2008 under the oversight of ERO’s Field Office Director (FOD) in Saint Paul (ERO Saint Paul). The facility operates under the National Detention Standards (NDS) 2000.

ERO has assigned deportation officers to the facility. A warden handles daily facility operations and manages [REDACTED] support personnel. Martin Brothers Distributing Company, Inc. provides food services, NaphCare provides medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the American Correctional Association in June 2008. In August 2021, PCJ was audited for the Department of Justice (DOJ) Prison Rape Elimination Act (PREA) and was DOJ PREA certified.

Capacity and Population Statistics	Quantity
ICE Bed Capacity <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of August 9, 2022)	[REDACTED]
Adult Female Population (as of August 9, 2022)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2022, ODO found 13 deficiencies in the following areas: Detainee Classification System (3); Funds and Personal Property (2); Emergency Plans (1); Environmental Health and Safety (5); and Medical Care (2).

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

<sup>2</sup> Data Source: ERO Facility List as of July 18, 2022.

<sup>3</sup> *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, Hunger Strikes, 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 <sup>4,5</sup>	Deficiencies
<b>Part 1 - Detainee Services</b>	
Access to Legal Material	2
Admission and Release	0
Detainee Classification System	2
Detainee Grievance Procedures	2
Food Service	0
Funds and Personal Property	0
Issuance and Exchange of Clothing, Bedding and Towels	1
Recreation	6
Staff-Detainee Communication	11
Telephone Access	2
<b>Sub-Total</b>	<b>26</b>
<b>Part 2 - Security and Control</b>	
Emergency Plans	0
Environmental Health and Safety	8
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	3
<b>Sub-Total</b>	<b>11</b>
<b>Part 3 - Health Services</b>	
Hunger Strikes	0
Medical Care	9
Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>9</b>
<b>Total Deficiencies</b>	<b>46</b>

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

<sup>5</sup> Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

## DETAINEE RELATIONS

ODO interviewed 15 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

*Detainee Handbook:* Four detainees stated they did not receive copies of the ICE National Detainee Handbook and PCJ local handbook nor did staff demonstrate how to access the PCJ handbook with a tablet upon the detainees' arrival.

- Action Taken: ODO interviewed PCJ and ERO Saint Paul staff, reviewed detainee detention files, and found the detainees arrived at PCJ in July 2022 and signed acknowledgment forms asserting the availability of the PCJ handbook via detainee tablets. ERO Saint Paul confirmed the staff issues the ICE National Detainee Handbook to detainees prior to arrival at PCJ. ODO observed and noted the detainees' ability to access the PCJ handbook via tablet. On August 11, 2022, PCJ issued copies of the ICE National Detainee Handbook to detainees and instructed them on accessing the local PCJ handbook via tablet. ODO cited the lack of issuance of the PCJ handbook as a deficiency in the *Staff-Detainee Communication* section of this report.

*Medical Care:* One detainee stated he requested sleeping pills but has not received them.

- Action Taken: ODO reviewed the detainee's medical file, interviewed the HSA, ERO Saint Paul staff, and the PCJ staff, and confirmed the detainee arrived PCJ in July 2022. On August 2, 2022, the detainee submitted a sick call request for sleeplessness due to nightmares and hearing voices, but the medical staff had not yet followed up with him as they triaged the medical request as less urgent than other requests submitted. On August 10, 2022, the detainee submitted a written request for sleeping pills, and ODO followed up with the HSA about this request on the following day. The HSA confirmed the facility's medical staff scheduled the detainee for a medical appointment on August 12, 2022.

## FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

### DETAINEE SERVICES

#### ACCESS TO LEGAL MATERIAL (ALM)

ODO observed the facility's law library and found the facility did not post a list of its holdings in the law library. Specifically, the PCJ law library included postings of the hours of operation and general information but did not post the library's holdings (**Deficiency ALM-9<sup>6</sup>**).

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<sup>6</sup> "The facility shall post a list of its holdings in the law library." See ICE NDS 2000, Standard, Access to Legal Material, Section (III)(C).

ODO observed the facility’s law library and found the facility did not post its ALM policies and procedures. Specifically, the PCJ law library posted the hours of operation and general information but did not the post library’s policies and procedures for ALM (**Deficiency ALM-65<sup>7</sup>**).

### **DETAINEE CLASSIFICATION SYSTEM (DCS)**

ODO interviewed facility staff, reviewed 25 detainee detention files, and found in 25 out of 25 files, the first-line supervisor did not review nor approve classification files (**Deficiency DCS-10<sup>8</sup>**). **This is a repeat deficiency.**

ODO interviewed facility staff, reviewed 25 detainee files, and found in 25 out of 25 files, a supervisor did not review the intake/processing officer’s classification files for accuracy and completeness (**Deficiency DCS-19<sup>9</sup>**). **This is a repeat deficiency.**

### **DETAINEE GRIEVANCE PROCEDURES (DGP)**

ODO interviewed 15 detainees, ERO Saint Paul and facility staff, reviewed 15 detainee detention files, and found the facility did not issue a copy of the PCJ handbook. Specifically, ODO found in 15 out of 15 files, signed acknowledgement forms for accessibility of the PCJ handbook, but the facility does not orient the detainees on accessing the PCJ handbook via the tablet/kiosk system (**Deficiency DGP-71<sup>10</sup>**).

ODO interviewed facility staff, reviewed the PCJ handbook, and found the grievance section of the PCJ handbook did not inform the detainee how to file an appeal within 24 hours as per PCJ grievance policy nor the opportunity to file a complaint on officer misconduct with the DHS Office of Inspector General (previously the Department of Justice) by letter or telephone (**Deficiency DGP-72<sup>11</sup>**).

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

ODO reviewed PCJ policy, observed housing unit postings, and found the staff did not exchange socks and undergarments daily. Specifically, the facility issued three sets of socks and

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<sup>7</sup> “These policies and procedures shall also be posted in the law library.” *See* ICE NDS 2000, Standard, Access to Legal Material, Section (III)(Q).

<sup>8</sup> “The classification system ensures: ...

3. The first-line supervisor will review and approve each detainee’s classification.”

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

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

<sup>10</sup> “The facility shall provide each detainee, upon admittance, a copy of the detainee handbook or equivalent.” *See* ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(G).

<sup>11</sup> “The grievance section of the detainee handbook will provide notice of the following: ...

2. The procedures for filing a grievance and appeal, including the availability of assistance in preparing a grievance. The opportunity to file a complaint about officer misconduct directly with the Justice Department by calling 1-800-869-4499 or by writing to: Department of Justice, P.O. Box 27606 Washington, DC 20038-7606”

*See* ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(G)(1-6).



undergarments to each detainee and exchanged them twice per week (**Deficiency IECBT-20**<sup>12</sup>).

## RECREATION (R)

ODO interviewed ERO Saint Paul and facility staff, reviewed two detainee detention files for detainees with a 6-month period of stay or greater, and found in both files, the following deficiencies:

- Case officers did not review the cases of detainees who did not have access to outdoor recreation for a period of 6 months (**Deficiency R-7**<sup>13</sup>);
- Since the field office staff did not complete the required reviews for the two detainees without outdoor recreation for at least 6 months, there was no eligibility determination made to see if the detainees were eligible to transfer to a facility with outdoor recreation (**Deficiency R-8**<sup>14</sup>);
- Case officers did not use the required criteria to determine the detainees' transfer eligibility (**Deficiency R-9**<sup>15</sup>); and
- Case officers did not monitor changes affecting the detainees' eligibility to transfer (**Deficiency R-13**<sup>16</sup>).

ODO interviewed ERO Saint Paul and facility staff, reviewed two detainee detention files for detainees with a 6-month period of stay or greater, and found one detainee whose stay exceeded 9 months did not have a signed voluntary waiver to stay at the facility without regular opportunities for outdoor recreation in his detention file (**Deficiency R-14**<sup>17</sup>).

ODO observed seven indoor recreational areas and found the exercise areas did not offer a variety of fixed and movable equipment. Specifically, the facility did not provide any recreation equipment in any of the recreational areas (**Deficiency R-40**<sup>18</sup>).

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<sup>12</sup> "Socks and undergarments will be exchanged daily." *See* ICE NDS 2000, Standard, Issuance and Exchange of Clothing, Bedding and Towels, Section (III)(E).

<sup>13</sup> "The case officer shall review the case of any detainee without the required access to outdoor recreation for a period of six months." *See* ICE NDS 2000, Standard, Recreation, Section (III)(C)(1).

<sup>14</sup> "This review will determine the detainee's eligibility to transfer to a facility where the required outdoor recreation is available." *See* ICE NDS 2000, Standard, Recreation, Section (III)(C)(1).

<sup>15</sup> "The case officer will use the following criteria, all three of which must be met, to determine transfer eligibility:

- a. The detainee has been in custody for six months without regular access to outdoor recreation (for reasons other than inclement weather);
- b. The detainee has completed proceedings before the Immigration Judge (IJ), and the IJ has issued a decision concerning deportability or excludability, and
- c. The detainee will likely have been in custody for a total of nine months before removal or release without regular access to outdoor recreation."

*See* ICE NDS 2000, Standard, Recreation, Section (III)(C)(1)(a-c).

<sup>16</sup> "Where a detainee is not eligible for transfer, it is the case officer's responsibility to monitor the case for changes affecting the detainee's eligibility." *See* ICE NDS 2000, Standard, Recreation, Section (III)(C)(1).

<sup>17</sup> "A detainee's stay in a facility providing no regular opportunities for outdoor recreation will exceed nine months only if the detainee has read and signed a voluntary waiver, as described below." *See* ICE NDS 2000, Standard, Recreation, Section (III)(C)(1).

<sup>18</sup> "Do exercise areas offer a variety of fixed and movable equipment while prohibiting free weights?" *See* ICE NDS 2000, Standard, Recreation, Section (III)(G)(1).

## STAFF-DETAINEE COMMUNICATION (SDC)

ODO interviewed ERO Saint Paul and facility staff and found the facility did not develop a method to document unannounced ERO visits. Additionally, ERO Saint Paul did not document unannounced visits to the facility (**Deficiency SDC-8**<sup>19</sup>).

ODO interviewed ERO Saint Paul and facility staff and found the FOD did not devise a written schedule nor written procedure for weekly detainee visits by ICE deportation staff. Specifically, an SDDO scheduled only one visit for July 2022 (**Deficiency SDC-12**<sup>20</sup>).

ODO observed wall postings in four housing units and found in all four housing units, the facility did not post ERO visitation schedules (**Deficiency SDC-14**<sup>21</sup>).

ODO interviewed facility staff, reviewed 28 paper detainee request submissions, and found the following deficiencies:

- In 28 out of 28 requests, the facility did not record the requests the detainees submitted on paper in the logbook (**Deficiency SDC-31**<sup>22</sup>);
- Since the 28 paper requests were not logged, there were no long entries including the date of request; detainee's name, A-number, and nationality; the officer logging the request; nor the date the staff returned its response to the detainee (**Deficiency SDC-32**<sup>23</sup>);
- The facility did not maintain a detainee request logbook documenting the date that facility staff forwarded the request to ICE, nor the date ICE returned the request (**Deficiency SDC-33**<sup>24</sup>); and
- In 28 out of 28 requests, the facility staff did not file the requests in the detainee's detention file (**Deficiency SDC-34**<sup>25</sup>).

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<sup>19</sup> "Each facility shall develop a method to document the unannounced visits, and ICE will document visits to IGSA's." See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(A)(1).

<sup>20</sup> "The ICE Field Office Director shall devise a written schedule and procedure for weekly detainee visits by District ICE deportation staff." See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(A)(2)(b).

<sup>21</sup> "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).

<sup>22</sup> "All requests shall be recorded in a logbook specifically designed for that purpose." See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(B)(2).

<sup>23</sup> "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;"

See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(B)(2).

<sup>24</sup> "In IGSA's, the date the request was forwarded to ICE and the date it was returned shall also be recorded." See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(B)(2).

<sup>25</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).

ODO interviewed 15 detainees, ERO Saint Paul and facility staff, reviewed 15 detainee detention files, and found the facility did not provide each detainee, upon admittance, a copy of the detainee handbook or equivalent. Specifically, ODO found in 15 out of 15 files, staff required detainees to sign an acknowledgement form stating access to the PCJ handbook via tablet/kiosk system, but the facility did not issue instructions and/or demonstrate how to access the PCJ handbook via tablet/kiosk system (**Deficiency SDC-35**<sup>26</sup>).

ODO reviewed the facility's handbook and found the PCJ handbook did not state the procedures for detainees to submit written questions, requests, nor concerns to ICE staff. Additionally, the PCJ detainee handbook did not include instruction on how to submit requests to ICE via the tablet/kiosk system (**Deficiency SDC-36**<sup>27</sup>).

ODO reviewed ERO Saint Paul's weekly visitation records from January 20 to August 4, 2022, and found in 3 out of 28 weeks, incomplete model protocol forms. Specifically, ODO found incomplete forms for the weeks of May 23, May 30, and July 11, 2022 (**Deficiency SDC-38**<sup>28</sup>).

ODO observed wall postings in four housing units and found in all four housing units, postings did not include the DHS OIG Hotline poster (**Deficiency SDC-40**<sup>29</sup>).

#### TELEPHONE ACCESS (TA)

ODO reviewed ERO Saint Paul's weekly visitation records, interviewed ERO Saint Paul staff, and found in 6 out of 24 weekly inspections, ERO Saint Paul staff did not test the facility's telephones nor complete a telephone serviceability worksheet (**Deficiency TA-10**<sup>30</sup>).

ODO observed four housing areas with monitored telephones and found the facility did not provide the procedure for obtaining an unmonitored call to a court, legal representative, or for the purposes of obtaining legal representation (**Deficiency TA-52**<sup>31</sup>).

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<sup>26</sup> "The facility shall provide each detainee, upon admittance, a copy of the detainee handbook or equivalent." *See* ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(B)(3).

<sup>27</sup> "The handbook shall state that the detainee has the opportunity to submit written questions, requests, or concerns to ICE staff and the procedures for doing so, including the availability of assistance in preparing the request." *See* ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(B)(3).

<sup>28</sup> "Model protocol forms should be completed weekly for all Service Processing Centers (SPCs), and Contract Detention Facilities (CDFs). For Inter-Governmental Service Agreements (IGSAs) facilities housing ICE detainees the model protocol should be completed weekly for regularly used facilities and each visit for facilities, which are used intermittently." *See* ICE NDS 2000, Standard, Staff-Detainee Communication, Section (Change Notice – NDS – Staff-Detainee Communication Model Protocol-June 15, 2007).

<sup>29</sup> "Each Field Office Director shall ensure that the attached document regarding the OIG Hotline is conspicuously posted in all units housing ICE detainees." *See* ICE NDS 2000, Standard, Staff-Detainee Communication, Section (Change Notice – Staff-Detainee Communication Standard – June 15, 2007).

<sup>30</sup> "The Field Office Director (FOD) shall ensure that all phones in all applicable facilities are tested on a weekly basis." *See* ICE NDS 2000, Standard, Telephone Access, Section (Change Notice: Telephone Access – April 4, 2007).

<sup>31</sup> "The facility shall have a written policy on the monitoring of detainee telephone calls. If telephone calls are monitored, the facility shall notify detainees in the detainee handbook or equivalent provided upon admission. It shall also place a notice at each monitored telephone stating: ...

2. the procedure for obtaining an unmonitored call to a court, legal representative, or for the purposes of obtaining legal representation."

*See* ICE NDS 2000, Standard, Telephone Access, Section (III)(K)(1-2).

## SECURITY AND CONTROL

### ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO toured the facility and found staff did not return unused amounts of chemicals to their original container. Specifically, ODO observed unlabeled spray bottles in the health services area, control center, front lobby, staff weight room, and intake area. Additionally, ODO observed unlabeled spray bottles in six housing units left on counters, tables, desks, and in general open areas (**Deficiency EHS-36**<sup>32</sup>).

ODO interviewed facility staff, reviewed facility records, and found the facility did not conduct monthly fire drills during the inspection period nor document monthly fire drills separately in each department. Specifically, the facility had not conducted monthly fire drills since November 2021 (**Deficiency EHS-65**<sup>33</sup>). **This is a repeat deficiency.**

Additionally, because PCJ did not conduct monthly fire drills, ODO found:

- PCJ did not evacuate detainees during fire drills (**Deficiency EHS-67**<sup>34</sup>). **This is a repeat deficiency;**
- PCJ did not include nor time emergency-key drills (**Deficiency EHS-69**<sup>35</sup>). **This is a repeat deficiency;** and
- PCJ did not draw emergency keys nor use the keys by the appropriate staff to unlock one set of emergency exit doors not in daily use (**Deficiency EHS-70**<sup>36</sup>). **This is a repeat deficiency.**

ODO interviewed the HSA, reviewed the facility's sharps inventories, and found no weekly check of inventories by an HSA-designated individual. Specifically, none of the staff members checked the inventories weekly (**Deficiency EHS-112**<sup>37</sup>).

ODO toured the facility, interviewed facility medical staff, observed four cells located in the health services unit the facility used for suicide watch, and found the facility did not maintain environmental health conditions to recognized hygiene standards. Specifically, ODO observed in lieu of a toilet, each cell used a small drain/grate, located in the center of the cell floor, with an

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<sup>32</sup> "Staff will either return unused amounts to the original container(s) or, under certain circumstances, to another suitable, clearly labeled container in the storage area." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(G)(3).

<sup>33</sup> "Monthly fire drills will be conducted and documented separately in each department." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4).

<sup>34</sup> "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." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(b).

<sup>35</sup> "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).

<sup>36</sup> "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).

<sup>37</sup> "This inventory will be checked weekly by an individual designated by the medical facility Health Service Administrator (HSA) or equivalent." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(Q)(1).

external flush valve outside of each cell, which necessitated staff to flush a detainee's waste. Additionally, all four cells did not contain a sink, paper towels, nor toilet paper (**Deficiency EHS-127<sup>38</sup>**).

ODO toured the facility and found no OSHA-approved eyewash stations in designated areas (areas of the facility where there is a reasonable probability of injury that can be prevented, where they are necessary due to the corrosive nature of the chemicals used, or where they are necessary due to possible contamination with blood-borne pathogens). Specifically, the facility did not install eyewash stations in the food service department nor in health services area (**Deficiency EHS-195<sup>39</sup>**).

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

ODO interviewed facility staff, observed the facility's video camera equipment, reviewed General Order 14126: Recording Equipment, and found the officer in charge had not designated responsibility for maintaining the video camera nor other video equipment (**Deficiency UOF-29<sup>40</sup>**).

ODO interviewed facility staff, observed the facility's video camera equipment, reviewed General Order 14126: Recording Equipment, and found staff did not perform regularly scheduled maintenance nor test the video equipment to ensure working order of all parts and batteries and to keep adequate backup supplies (**Deficiency UOF-30<sup>41</sup>**).

ODO interviewed facility staff, reviewed post orders of camera storage areas, and found the facility did not incorporate the responsibility of video camera equipment maintenance into one or more post orders (**Deficiency UOF-31<sup>42</sup>**).

## **HEALTH SERVICES**

### **MEDICAL CARE (MC)**

ODO reviewed [REDACTED] detainee medical records and found in [REDACTED] out of [REDACTED] records, the facility did not conduct initial medical nor mental health screenings immediately upon arrival. Specifically, ODO found five detainees did not receive an initial screening and seven detainees received initial screenings between 2 and 11 days after arrival (**Deficiency MC-21<sup>43</sup>**).

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<sup>38</sup> "Environmental health conditions will be maintained at a level that meets recognized standards of hygiene." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(R)(1).

<sup>39</sup> "OSHA-approved eyewash stations will be installed in designated areas throughout the facility." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(T)(2).

<sup>40</sup> "The OIC shall designate responsibility for maintaining the video camera(s) and other video equipment." *See* ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4)(l).

<sup>41</sup> "This shall include regularly scheduled testing to ensure all parts, including batteries, are in working order; and keeping back-up supplies on hand (batteries, tapes, lens-cleaners, etc.)." *See* ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4)(l).

<sup>42</sup> "This responsibility shall be incorporated into one or more post orders." *See* ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4)(l).

<sup>43</sup> "All new arrivals shall receive initial medical and mental health screening immediately upon their arrival by a health care provider or an officer trained to perform this function." *See* ICE NDS 2000, Standard, Medical Care, Section

ODO reviewed █ detainee medical records and found in █ out of █ records, the facility did not conduct screenings that included observation and interview items related to the detainee's potential suicide risk and possible mental disabilities, including mental illness and mental retardation (**Deficiency MC-22**<sup>44</sup>).

ODO reviewed █ detainee medical records and found in █ out of █ records, the facility did not conduct a health appraisal nor physical examination within 14 days of arrival at the facility. Specifically, ODO found in one record, the facility conducted the health appraisal and physical examination 169 days after arrival and in 9 records, the facility did not conduct health appraisals and physical examinations at all (**Deficiency MC-23**<sup>45</sup>). **This is a repeat deficiency.**

ODO reviewed █ detainee medical records and found in █ out of █ records, the facility did not screen detainees for tuberculosis by Purified Protein Derivative nor chest X-ray upon their arrival (**Deficiency MC-24**<sup>46</sup>).

ODO reviewed █ detainee medical records and found in █ out of █ records, the facility did not conduct a dental screening examination within 14 days of arrival. Specifically, ODO found one detainee received an exam 169 days after arrival and nine detainees did not receive an exam at all (**Deficiency MC-50**<sup>47</sup>).

ODO reviewed █ detainee medical records and found in █ out of █ records, a physician, physician's assistant, or nurse practitioner did not perform initial dental screenings. Specifically, ODO found a registered nurse completed 12 initial dental screenings (**Deficiency MC-51**<sup>48</sup>). **This is a repeat deficiency.**

ODO reviewed █ medical staff training records and found in █ out of █ records, medical staff did not have current cardiopulmonary resuscitation training nor training on how to respond to health-related emergencies within a 4-minute response time documented (**Deficiency MC-71**<sup>49</sup>).

ODO reviewed █ detainee medical files and found in █ out of █ files, the facility did not obtain a signed medical general consent form, documenting the detainees' approval for general medical

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(III)(D).

<sup>44</sup> "This screening shall include observation and interview items related to the detainee's potential suicide risk and possible mental disabilities, including mental illness and mental retardation." See ICE NDS 2000, Standard, Medical Care, Section (III)(D).

<sup>45</sup> "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).

<sup>46</sup> "All new arrivals shall receive TB screening by PPD (Mantoux method) or chest X-ray." See ICE NDS 2000, Standard, Medical Care, Section (III)(D).

<sup>47</sup> "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).

<sup>48</sup> "If no on-site dentist is available, the initial dental screening may be performed by a physician, physician's assistant or nurse practitioner." See ICE NDS 2000, Standard, Medical Care, Section (III)(E).

<sup>49</sup> "Detention staff will be trained to respond to health-related emergencies within a 4-minute response time." See ICE NDS 2000, Standard, Medical Care, Section (III)(H).

treatment (**Deficiency MC-100**<sup>50</sup>).

ODO reviewed █ detainee medical files and found in █ out of █ files, the facility did not obtain a signed medical general consent form before medical examination or treatment (**Deficiency MC-101**<sup>51</sup>).

ODO reviewed █ detainee medical files and found in █ out of █ files, the facility charged the detainees for sick call visits. Specifically, the facility charged detainees \$5 for a sick call visit with a nurse; \$10 for a sick call visit with a medical provider; and \$5 for a sick call visit with a nurse and receipt of medications, which ODO noted as an **Area of Concern**. The health services administrator provided ODO a memorandum during the week of the inspection confirming ICE detainees should not be charged for sick call visits or medications.

## CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 18 standards under NDS 2000 and found the facility in compliance with 8 of those standards. ODO found 46 deficiencies in the remaining 10 standards, which included 8 repeat deficiencies. ODO recommends ERO Saint Paul work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the UCAP for ODO’s last inspection of PCJ in January 2022.

<b>Compliance Inspection Results Compared</b>	<b>First FY 2022 (NDS 2000)</b>	<b>Second FY 2022 (NDS 2000)</b>
Standards Reviewed	22	18
Deficient Standards	5	10
Overall Number of Deficiencies	13	46
Repeat Deficiencies	11	8
Areas Of Concern	0	1
Corrective Actions	0	0
Facility Rating	Acceptable/Adequate	N/A

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<sup>50</sup> “As a rule, medical treatment will not be administered against the detainee’s will.” See ICE NDS 2000, Standard, Medical Care, Section (III)(L).

<sup>51</sup> “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).