



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

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Office of Detention Oversight  
Compliance Inspection

Enforcement and Removal Operations  
ERO Saint Paul Field Office

Polk County Jail  
Des Moines, Iowa

January 24-27, 2022

**COMPLIANCE INSPECTION  
of the  
POLK COUNTY JAIL  
Des Moines, Iowa**

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## COMPLIANCE INSPECTION TEAM MEMBERS



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## FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Polk County Jail (PCJ) in Des Moines, Iowa, from January 24 to 27, 2022.<sup>1</sup> The facility opened in October 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 November 2008 under the oversight of ERO’s Field Office Director in Saint Paul (ERO Saint Paul). The facility operates under the National Detention Standards (NDS) 2000.

ERO has not assigned deportation officers to the facility. A PCJ detention officer handles daily facility operations and manages [REDACTED] support personnel. Martin Brothers Distributing Company, Inc. provides food services, WellPath provides medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the American Correctional Association in June 2008.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	[REDACTED]
Average ICE Detainee Population <sup>3</sup>	[REDACTED]
Male Detainee Population (as of January 24, 2022)	[REDACTED]
Female Detainee Population (as of January 24, 2022)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2021, ODO found 14 deficiencies in the following areas: Admission and Release (1); Detainee Classification System (3); Funds and Personal Property (2); Religious Practices (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 longer than 72 hours.

<sup>2</sup> Data Source: ERO Facility List Report as of January 24, 2022.

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

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, 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.<sup>4</sup>

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO also highlights instances in which the facility resolves deficiencies prior to completion of the ODO inspection. Where applicable, these corrective actions are annotated with “C” under the *Compliance Inspection Findings* section of this report.

Upon completion of each inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to: (i) assist ERO in developing and initiating corrective action plans; and (ii) provide senior executives with an independent assessment of facility operations. ODO’s findings inform ICE executive management in its decision-making to better allocate resources across the agency’s entire detention inventory.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

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<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected <sup>5,6</sup>	Deficiencies
<b>Part 1 – Detainee Services</b>	
Admission and Release	0
Correspondence and Other Mail	0
Detainee Classification System	3
Food Service	0
Funds and Personal Property	2
Group Presentations on Legal Rights	0
Issuance and Exchange of Clothing, Bedding, and Towels	0
Marriage Requests	0
Non-Medical Emergency Escorted Trips	0
Voluntary Work Program	0
<b>Sub-Total</b>	<b>5</b>
<b>Part 2 – Security and Control</b>	
Detention Files	0
Detainee Transfers	0
Emergency Plans	1
Environmental Health and Safety	5
Post Orders	0
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	0
<b>Sub-Total</b>	<b>6</b>
<b>Part 3 – Health Services</b>	
Hunger Strikes	0
Medical Care	2
Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>2</b>
<b>Other Standards Inspected</b>	
NDS 2019 Sexual Abuse and Assault Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>13</b>

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

<sup>6</sup> Beginning in FY 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 inspections.

## DETAINEE RELATIONS

ODO interviewed two out of six detainees who voluntarily agreed to participate. A third detainee volunteered to interview, but the Lionbridge Language Line did not support his native languages of Kunama nor Tigrinya. The remaining three detainees declined ODO's request for an interview. None of the detainees made allegations of discrimination, mistreatment, or abuse and all of them reported satisfaction with facility services. ODO attempted to conduct detainee interviews via video teleconference; however, the ERO field office and facility were not able to accommodate this request due to technology issues. As such, ODO conducted all detainee interviews via telephone.

## COMPLIANCE INSPECTION FINDINGS

### DETAINEE SERVICES

#### DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO interviewed a facility lieutenant, reviewed [REDACTED] detainee classification forms, and found no first-line supervisor reviewed and approved any of the classification forms (**Deficiency DCS-1**<sup>7</sup>). **This is a repeat deficiency.**

ODO interviewed a facility lieutenant, reviewed [REDACTED] detainee files, and found a supervisor did not review the intake/processing officer's classification files for accuracy and completeness (**Deficiency DCS-2**<sup>8</sup>). **This is a repeat deficiency.**

ODO interviewed a facility lieutenant, reviewed [REDACTED] detainee files, and found a reviewing officer did not ensure the facility assigned any of the [REDACTED] detainees to appropriate housing units (**Deficiency DCS-3**<sup>9</sup>). **This is a repeat deficiency.**

#### FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed the inmate property control and storage policy, interviewed a facility lieutenant and ERO Saint Paul staff, and found no written procedures for detainee property reported as missing or damaged (**Deficiency FPP-70**<sup>10</sup>). **This is a repeat deficiency.**

ODO reviewed the inmate property control and storage policy, interviewed a facility lieutenant and ERO Saint Paul staff, and found the facility's policy did not include procedures for loss of, or

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<sup>7</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>8</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>9</sup> "Among other things, the reviewing officer shall ensure that each detainee has been assigned to the appropriate housing unit." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(C).

<sup>10</sup> "Each facility shall have a written policy and procedures for detainee property reported missing or damaged." See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(H).

damage to receipted detainee property (**Deficiency FPP-80<sup>11</sup>**). **This is a repeat deficiency.**

## **SECURITY AND CONTROL**

### **EMERGENCY PLANS (EP)**

ODO reviewed the facility's contingency plans and procedures, interviewed facility staff, and found the facility did not have an approved individual contingency plan for service-wide lockdown (**Deficiency EP-93<sup>12</sup>**).

### **ENVIRONMENTAL HEALTH AND SAFETY (EHS)**

ODO interviewed a facility lieutenant and confirmed the facility did not conduct monthly fire drills for each department (**Deficiency EHS-65<sup>13</sup>**). **This is a repeat deficiency.**

ODO interviewed a facility lieutenant, reviewed the facility evacuation plan policy, and found the facility did not evacuate the detainees during fire drills (**Deficiency EHS-67<sup>14</sup>**). **This is a repeat deficiency.**

ODO interviewed a facility lieutenant, reviewed the facility evacuation plan policy, and found the facility's fire drills did not include emergency-key drills (**Deficiency EHS-69<sup>15</sup>**). **This is a repeat deficiency.**

ODO interviewed a facility lieutenant, reviewed the facility's evacuation plan policy, and found the facility's fire drills did not include drawing the emergency keys and unlocking an emergency

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<sup>11</sup> "IGSA facilities will have and follow a policy for loss of or damage to properly receipted detainee property, as follows:

1. All procedures for investigating and reporting property loss or damage will be implemented as specified in this standard;
2. Supervisory staff will conduct the investigation;
3. The senior facility contract officer will process all detainee claims for lost or damaged property promptly;
4. The official deciding the claim will be at least one level higher in the chain of command than the official investigating the claim;
5. The facility will promptly reimburse detainees for all validated property losses caused by facility negligence;
6. The facility will not arbitrarily impose a ceiling on the amount to be reimbursed for a validated claim; and;
7. The senior contract officer will immediately notify the designated INS officer of all claims and outcomes."

*See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(H)(1-7).*

<sup>12</sup> "Does the facility compile INS approved individual contingency plans, as needed, in the following order: ...  
13. Service wide Lockdown."

*See ICE NDS 2000, Standard, Emergency Plans, Section (III)(D)(13).*

<sup>13</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>14</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>15</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).*



exit door during the fire drills (**Deficiency EHS-70<sup>16</sup>**). **This is a repeat deficiency.**

ODO interviewed a facility lieutenant and found no quarterly testing and servicing of the emergency generators by an external generator-service company (**Deficiency EHS-80<sup>17</sup>**). **This is a repeat deficiency.**

## **HEALTH SERVICES**

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

ODO reviewed █ detainee medical files and found █ out of █ detainees did not receive a comprehensive health assessment, including a physical examination and mental health screening within 14 days of the detainees' arrival at the facility. ODO found the facility completed the health assessments between 16 and 20 days after the detainees' arrival to the facility (**Deficiency MC-23<sup>18</sup>**).

ODO reviewed █ detainee medical files and found █ out of █ detainees did not receive an initial dental screening by a physician, physician's assistant, or nurse practitioner. ODO found a registered nurse completed the three initial dental screenings (**Deficiency MC-51<sup>19</sup>**). **This is a repeat deficiency.**

## **CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 21 standards under NDS 2000, 1 standard under NDS 2019, and found the facility in compliance with 17 of those standards. ODO found 13 deficiencies in the remaining 5 standards. ODO commends facility staff members for their responsiveness during this inspection. 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 uniform corrective action plan for ODO's last inspection of PCJ in July 2021.

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<sup>16</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>17</sup> "The emergency generator will also receive quarterly testing and servicing from an external generator-service company." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(O).

<sup>18</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>19</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).

<b>Compliance Inspection Results Compared</b>	<b>FY 2021 (NDS 2000)</b>	<b>FY 2022 (NDS 2000)/ (NDS 2019)</b>
Standards Reviewed	14	21/1
Deficient Standards	6	5
Overall Number of Deficiencies	14	13
Repeat Deficiencies	7	11
Areas of Concern	1	0
Corrective Actions	0	0
Facility Rating	N/A	Acceptable