



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

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

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

**Polk County Jail
Des Moines, Iowa**

July 12-16, 2021

FOLLOW-UP COMPLIANCE INSPECTION
of the
POLK COUNTY JAIL
Des Moines, Iowa

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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 (PCJ) in Des Moines, Iowa, from July 12 to 16, 2021.¹ This inspection focused on the standards found deficient during ODO’s last inspection of PCJ from March 8 to 12, 2021. The facility opened in 2008, is owned by Polk County, and is 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 in Saint Paul (ERO Saint Paul). The facility operates under the National Detention Standards (NDS) 2000.

ERO Saint Paul has assigned deportation officers to the facility. A lieutenant 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 Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of July 12, 2021)	[REDACTED]
Adult Female Population (as of July 12, 2021)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2021, ODO conducted an inspection of PCJ and found 25 deficiencies in the following areas: Access to Legal Material (3); Admission and Release (3); Detainee Classification System (5); Food Service (2); Funds and Personal Property (4); Environmental Health and Safety (3); Medical Care (1); Religious Practices (1); and Special Management Unit (Administrative Segregation) (3).

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

² Data Source: ERO Facility List as of July 12, 2021.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, and where detainees are housed for longer than 72 hours, to assess compliance with ICE National Detention Standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and 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 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.

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.

FINDINGS BY NATIONAL DETENTION STANDARDS (NDS) 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected ⁴	Deficiencies
Part 1 - Detainee Services	
Access to Legal Material	0
Admission and Release	1
Detainee Classification System	3
Food Service	0
Funds and Personal Property	2
Religious Practices	1
Sub-Total	7
Part 2 - Security and Control	
Emergency Plans	0
Environmental Health and Safety	5
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	0
Sub-Total	5
Part 3 - Health Services	
Hunger Strikes	0
Medical Care	2
Suicide Prevention and Intervention	0
Sub-Total	2
Total Deficiencies	14

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

DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination or mistreatment. One detainee reported concerns of harming himself, and another detainee reported a sexual abuse and assault incident. ODO immediately notified ERO Saint Paul and facility leadership of both detainees for follow-up evaluation. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO attempted to conduct detainee interviews via video teleconference; however, ERO Saint Paul and the facility were not able to accommodate this request due to technology issues. As such, ODO conducted the detainee interviews via telephone.

Access to Legal Material: Four detainees stated they did not know how to access the law library.

- Action Taken: ODO interviewed Polk County Jail staff and reviewed the PCJ detainee handbook for accessing the law library. The handbook stated detainees must submit a request to access the law library through their housing unit officer and then await a scheduled visit to the law library. On July 14, 2021, Polk County staff advised the detainees of the procedure to request law library access.

Admission and Release: Five detainees stated they did not receive a PCJ detainee handbook.

- Action Taken: ODO interviewed PCJ staff and found the detainees did not receive PCJ detainee handbooks during the intake process because the handbooks are on the tablets and kiosks in the housing units. During the intake process, detainees acknowledge access to the rules and regulations by signature through the kiosk system. All five detainees acknowledged the rules and regulations by signing on the kiosk system during the intake process. Additionally, detainees may submit a request for a hard copy of the PCJ handbook through the housing unit officer. On July 14, 2021, PCJ staff instructed the detainees on accessing the handbook via the kiosks, tablets and submitting a request for a hardcopy from their housing unit officer.

Medical Care: One detainee stated he has seizures and is on a top bunk. The detainee stated he saw the nurse when he first arrived at PCJ and told her of his seizure history. He submitted a medical request for a bottom bunk and received approval, but an officer returned a few minutes later and said the detainee had to move back to the top bunk.

- Action Taken: ODO interviewed the PCJ Health Services Administrator (HSA) who reviewed the detainee's medical record and confirmed the detainee did not report having any history of seizures during the intake process. Additionally, the detainee had no history of any type of seizure medication. On July 8, 2021, the detainee submitted a medical request for a bottom bunk due to his history of seizures. The facility staff instructed the detainee to submit a release of information (ROI) form, but he failed to comply. On July 14, 2021, the PCJ HSA met with the detainee. The detainee advised the HSA he was diagnosed with seizures by a hospital in Omaha, Nebraska. The detainee completed an ROI form

and received authorization for a temporary bottom bunk restriction, pending a records review and an appointment with the chronic care provider.

Medical Care: A detainee stated he submitted a medical request for a possible skin infection on his face approximately two months prior to the inspection. He stated it took three weeks for the PCJ medical staff to respond to the request.

- Action Taken: ODO interviewed the PCJ HSA, who reviewed the detainee's medical record. On May 5, 2021, the detainee submitted a medical request for a possible skin infection on his face. The PCJ medical staff examined the detainee the next day and noted no new complaints from the detainee. The staff advised him to submit a medical request if his condition worsened. On June 1, 2021, the detainee submitted a medical request complaining of continued skin irritation. The PCJ sick call nurse examined the detainee the next day and prescribed bacitracin ointment. On July 14, 2021, the PCJ HSA met with the detainee who stated his skin issue had improved and wanted to continue using the bacitracin. The HSA concurred. The HSA stated she would put in new orders to continue the bacitracin.

Medical Care: One detainee stated he was unsure if he wanted to cause himself harm during the interview.

- Action Taken: ODO advised the PCJ lieutenant, the Assistant Field Office Director (AFOD), and the Supervisory Detention and Deportation Officer (SDDO) of the detainee's comment. On July 12, 2021, a mental health counselor met with the detainee and placed him on a 30-minute watch log. On July 13, 2021, the mental health counselor re-evaluated the detainee found him mentally stable and discontinued the 30-minute watch.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ADMISSION AND RELEASE (AR)

ODO reviewed [REDACTED] detainee release files and found [REDACTED] file did not contain verification of personal property being returned to the detainee (**Deficiency AR-72⁵**). **This is a repeat deficiency.**

DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO interviewed the PCJ classification officer, reviewed [REDACTED] classification forms, and found a first-line supervisor did not review nor approve each detainee's classification (**Deficiency DCS-10⁶**). **This is a repeat deficiency.**

⁵ "Necessary steps include completing and processing forms, closing files, fingerprinting; returning personal property; and reclaiming facility-issued clothing, bedding, etc." See ICE NDS 2000, Standard, Admission and Release, Section (III)(2nd J).

⁶ "The classification system ensures: ...

ODO interviewed the PCJ classification officer, reviewed [REDACTED] classification forms, and found a supervisor did not review the intake/processing officer's classification files for accuracy and completeness (**Deficiency DCS-19⁷**). **This is a repeat deficiency.**

ODO interviewed the classification officer, reviewed [REDACTED] classification forms, and found a reviewing officer did not ensure each detainee had been assigned to the appropriate housing unit (**Deficiency DCS-20⁸**). **This is a repeat deficiency.**

ODO interviewed the PCJ classification officer and found PCJ [REDACTED]

[REDACTED] During the inspection, PCJ did not have low or medium-low custody level detainees so reported no cases of co-mingling. ODO cited this as an **Area of Concern**.

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed the PCJ Inmate Property Control and Storage policy, interviewed PCJ staff, and found PCJ did not have written policy and procedures for detainee property reported missing or damaged (**Deficiency FPP-70⁹**). **This is a repeat deficiency.**

ODO reviewed PCJ Inmate Property Control and Storage policy, interviewed PCJ staff, and found PCJ did not have a written policy for a GCJ supervisor to investigate and replace the loss of or damage to properly receipted detainee property due to GCJ's negligence (**Deficiency FPP-80¹⁰**).

RELIGIOUS PRACTICES (RP)

ODO interviewed the PCJ chaplain and found the facility does not permit detainees to change their religious designation at any time (**Deficiency RP-7¹¹**). **This is a repeat deficiency.**

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).

⁷ "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).

⁸ "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).

⁹ "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).

¹⁰ "All CDFs and 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;
5. The [senior facility contract officer] will promptly reimburse detainees for all validated property losses caused by facility negligence." See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(H)(1)(2) and (5).

¹¹ "By notifying the chaplain or other designated individual, in writing, a detainee may request to change this designation at any time, and the change will be effected in a timely fashion." See ICE NDS 2000, Standard, Religious Practices, Section (III)(C).

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the PCJ environmental health and safety manager and found PCJ does not conduct nor document monthly fire drills separately in each department (**Deficiency EHS-65**¹²).

ODO interviewed the PCJ environmental health and safety manager, reviewed the PCJ evacuation plan, and found the facility does not evacuate detainees during fire drills (**Deficiency EHS-67**¹³).

ODO interviewed the PCJ environmental health and safety manager, reviewed the PCJ evacuation plan, and found the fire drills [REDACTED] (**Deficiency EHS-69**¹⁴). **This is a repeat deficiency.**

ODO interviewed the PCJ environmental health and safety manager, reviewed the PCJ evacuation plan, and found the fire drills [REDACTED] (**Deficiency EHS-70**¹⁵).

ODO interviewed the PCJ environmental health and safety manager and the maintenance supervisor and found an external generator-service company does not test and service the emergency generators quarterly (**Deficiency EHS-80**¹⁶).

HEALTH SERVICES

MEDICAL CARE (MC)

ODO reviewed [REDACTED] detainee medical records, including one female detainee medical record, and found no record in the female health appraisal of gender specific breast and gynecological exams as specified in the National Commission on Correctional Health Care and Joint Commission on Accreditation of Healthcare Organizations (**Deficiency MC-34**¹⁷).

ODO reviewed [REDACTED] detainee medical records and found registered nurses perform the initial dental screenings instead of a physician, physician's assistant, or nurse practitioner (**MC-51**¹⁸).

¹² "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).

¹³ "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).

¹⁴ "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).

¹⁵ "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).

¹⁶ "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).

¹⁷ "Health appraisals will be performed according to NCCHC and JCAHO standards." See ICE NDS 2000, Standard, Medical Care, Section (III)(D).

¹⁸ "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).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 14 standards under NDS 2000 and found the facility in compliance with 8 of those standards. ODO found 14 deficiencies in the 6 remaining standards. ODO commends PCJ staff for its responsiveness during this inspection. ODO recommends ERO Saint Paul work with PCJ 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 March 2021.

Compliance Inspection Results Compared	FY 2021 (NDS 2000) (NDS 2019)	FY 2021 (NDS 2000)
Standards Reviewed	16/3	14
Deficient Standards	9	6
Overall Number of Deficiencies	25	14
Repeat Deficiencies	0	7
Areas Of Concern	18	1
Corrective Actions	0	0