



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

---

**Office of Detention Oversight  
Compliance Inspection**

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

**Polk County Jail  
Des Moines, Iowa**

**March 8-12, 2021**

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

**TABLE OF CONTENTS**

<b>FACILITY OVERVIEW .....</b>	<b>4</b>
<b>COMPLIANCE INSPECTION PROCESS .....</b>	<b>5</b>
<b>FINDINGS BY NATIONAL DETENTION STANDARDS (NDS) 2000 MAJOR CATEGORIES .....</b>	<b>6</b>
<b>DETAINEE RELATIONS .....</b>	<b>7</b>
<b>COMPLIANCE INSPECTION FINDINGS .....</b>	<b>9</b>
<b>DETAINEE SERVICES.....</b>	<b>9</b>
Access to Legal Material .....	9
Admission and Release .....	9
Detainee Classification System.....	10
Food Service .....	10
Funds and Personal Property .....	11
Religious Practices.....	11
<b>SECURITY AND CONTROL.....</b>	<b>12</b>
Environmental Health and Safety .....	12
Special Management Unit (Administrative Segregation).....	12
Special Management Unit (Disciplinary Segregation) .....	13
<b>HEALTH SERVICES .....</b>	<b>14</b>
Medical Care.....	14
Suicide Prevention And Intervention.....	14
<b>OTHER STANDARDS INSPECTED.....</b>	<b>14</b>
NDS 2019 Disability Identification, Assessment, and Accommodation .....	14
NDS 2019 Facility Security and Control .....	15
<b>CONCLUSION .....</b>	<b>15</b>

---

## COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead  
Senior Inspections and Compliance Specialist  
Inspections and Compliance Specialist  
Contractor  
Contractor  
Contractor  
Contractor

ODO  
ODO  
ODO  
Creative Corrections  
Creative Corrections  
Creative Corrections  
Creative Corrections

## 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 March 8 to 12, 2021.<sup>1</sup> The facility opened in 2008 and is owned 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 NDS 2000.<sup>2</sup>

ERO has not assigned deportation officers nor a detention services manager to the facility. A captain handles daily facility operations and manages █ personnel. Martin Bros. Distributing Co., Inc. provides food services, Wellpath provides medical care, and Keefe provides commissary services at the facility. The facility was accredited by the American Correctional Association in June 2018.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>3</sup>	40
Average ICE Detainee Population <sup>4</sup>	█
Male Detainee Population (as of March 8, 2021)	█
Female Detainee Population (as of March 8, 2021)	0

During its last inspection, in Fiscal Year (FY) 2020, ODO found 44 deficiencies in the following areas: Admission and Release (2); Detainee Classification System (3); Detainee Grievance Procedures (1); Food Service (13); Funds and Personal Property (2); Recreation (1); Staff-Detainee Communication (4); Visitation (5); Environmental Health and Safety (7); Key and Lock Control (1); Use of Force (4); and Medical Care (1).

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

<sup>2</sup> ERO Custody Management Division informed ODO on March 31, 2021, PCJ was one of several U.S. Marshals Service Inter-governmental agreement facilities in which ODO should inspect under the NDS 2000 instead of the NDS 2019. ODO inspected PCJ against NDS 2019 before receiving this updated guidance and ODO verified all findings against the NDS 2000 prior to citing as a deficiency in this report.

<sup>3</sup> Data Source: ERO Facility List Report as of March 1, 2021.

<sup>4</sup> *Ibid.*

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, and where detainees are housed for 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>5</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 their 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.

---

<sup>5</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>6</sup>	Deficiencies
<b>Part 1 – Detainee Services</b>	
Access to Legal Material	3
Admission and Release	3
Detainee Classification System	5
Detainee Grievance System	0
Food Service	2
Funds and Personal Property	4
Religious Practices	1
Staff-Detainee Communication	0
Telephone Access	0
<b>Sub-Total</b>	<b>18</b>
<b>Part 2 – Security and Control</b>	
Environmental Health and Safety	3
Special Management Unit (Administrative Segregation)	3
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	1
Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>1</b>
<b>Other Standards Inspected</b>	
NDS 2019 Disability Identification, Assessment, and Accommodation	0
NDS 2019 Facility Security and Control	0
NDS 2019 Sexual Abuse and Assault Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>25</b>

<sup>6</sup> For greater detail on ODO’s findings, see the *Compliance 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, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below. 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, the detainee interviews were conducted via telephone.

*Medical Care:* Two detainees stated the facility charged them co-payments for medical visits while in ICE custody at the facility.

- Action Taken: ODO reviewed the detainees' medical records and spoke with the facility medical staff. ODO determined the facility charged one detainee a co-payment for nurse visits on January 29 and 30, 2021, and a dental visit on February 1, 2021. The detainee notified the facility medical staff of the medical charges on February 25, 2021, and the facility issued a refund to the detainee's account on March 3, 2021. ODO determined the second detainee had not informed the facility medical staff of the incorrect co-payment charges, and the medical staff could not confirm whether they charged the detainee a co-payment for his medical visits. The facility's health services administrator (HSA) informed ODO he was unaware of the facility routinely charging ICE detainees co-payments for medical services; however, once ODO brought this issue to his attention, he conducted a chart review for the second detainee, and the facility issued a refund to the second detainee's account.

However, ODO noted the facility's inmate handbook contained information on co-payment fees for any visits or prescriptions inmates receive for medical, mental health, or dental care unless it is a health screening or procedure explicitly exempted from co-payment requirements. The inmate handbook also stated the facility will bill federal inmates co-payments once they have been in custody for 30 days, and informed inmates they will be charged medical co-payments for patient-initiated and requested service for medical tests that fail to verify inmate food allergies. In accordance with a Department of Justice memorandum, Fees for Services, Reimbursement Under Intergovernmental Service Agreements, dated May 18, 2001, facilities are not permitted to charge ICE detainees in custody, medical service fees or co-payments. ODO brought this to the attention of the facility's leadership on March 12, 2021. ODO noted this issue as an **Area of Concern** under the Medical Care section of this report.

*Medical Care:* One detainee stated he was hospitalized because of complications for Crohn's Disease in mid-December 2020 and was discharged on December 31, 2020. The detainee thought he needed to see a gastroenterologist for the intestinal issues the disease had caused him.

- Action Taken: ODO reviewed the detainee's medical records and spoke with the facility's medical staff. ODO determined the detainee was hospitalized on December 16, 2020, after experiencing bloody diarrhea, weakness, and dehydration due to an exacerbation of ulcerative colitis and Crohn's disease. After discharge on December 31, 2020, the facility medical staff saw him for chronic care follow-up on February 1,

February 15, and February 19, 2021, for Crohn's disease symptoms. ODO confirmed the detainee had a follow-up appointment with an off-site gastroenterology office, which facility medical staff had scheduled for March 15, 2021. However, because of security concerns, the facility staff informed the detainee of his gastroenterology appointment on the same day he was scheduled to go to the off-site office. After the conclusion of the inspection, ODO confirmed with the facility's medical staff that an off-site gastroenterologist saw and evaluated the detainee on March 15, 2021.

*Medical Care:* One detainee stated he had swelling in his left foot and a Magnetic Resonance Imaging (MRI) was taken of his foot, but the facility medical staff have not provided him with the test results.

- Action Taken: ODO reviewed the detainee's medical records and spoke with the facility's medical staff and determined the detainee had an appointment with an off-site podiatry office scheduled for March 15, 2021, to review his MRI results and create a treatment plan if necessary. However, because of security concerns, the facility staff informed the detainee of his podiatry appointment on the same day he was scheduled to go to the off-site office. After the conclusion of the inspection, ODO confirmed with the facility's medical staff that an off-site podiatrist saw and evaluated the detainee on March 15, 2021.

*Recreation:* One detainee stated the facility's recreation area was indoors and did not have natural light.

- Action Taken: ODO spoke with the facility's leadership and requested pictures of the recreation areas within the facility. On March 9, 2021, the facility sent pictures of the facility's recreation areas. ODO determined the recreation areas were adjacent to the detainee housing units and had two large side windows with louvers on the outer walls of the rooms that allowed natural sunlight to enter the areas. Additionally, the facility can open the windows to allow fresh air to enter the recreation areas.

*Religious Practices:* One detainee stated the facility staff gave him an English-language Quran but wanted one in Arabic. He stated he put in a request for this, but facility staff have not responded to his request.

- Action Taken: ODO spoke with the facility's chaplain and learned the detainee had not submitted a formal or informal request for a Quran in Arabic. On March 9, 2021, the facility's chaplain spoke with the detainee and informed him that the facility did not have a Quran in Arabic to provide to him. The chaplain advised the detainee he could have someone send one to him, provided it was a paperback version. The detainee did not have additional requests or questions regarding the issue.



# COMPLIANCE INSPECTION FINDINGS

## DETAINEE SERVICES

### ACCESS TO LEGAL MATERIAL (ALM)

ODO interviewed facility staff and found the facility did not designate an employee responsible to inspect the law library's equipment and stock the library with supplies weekly (ALM-4<sup>7</sup>).

ODO interviewed facility staff and found the facility did not designate an employee responsible for updating, maintaining, and inspecting legal materials weekly nor replacing them promptly as needed (ALM-12<sup>8</sup>).

ODO interviewed facility staff and found the facility did not notify ERO Saint Paul when the facility did not receive anticipated updates of legal materials. ODO found the facility most recently updated LexisNexis in March 2020 (ALM-13<sup>9</sup>).

### ADMISSION AND RELEASE (A&R)

ODO reviewed 12 detention files and found facility staff did not copy detainees' identity documents and place the copies in their detention files, nor did facility staff forward the original documents to ERO Saint Paul. Instead, facility staff stored the original identity documents with the detainees' personal property (A&R-12<sup>10</sup>).

ODO found the facility did not provide the detainees with copies of identity documents upon request. ODO noted this as an **Area of Concern**.

ODO reviewed the facility's orientation video and requested information from the facility's staff on the content of the orientation program. ODO found there was no documentation to support the facility's orientation program to include procedures for the detainee to contact the ERO Saint Paul deportation officer handling the detainee's case nor how to use the telephone system to make telephone calls. ODO noted this as an **Area of Concern**.

Facility staff informed ODO ERO Saint Paul issued detainees a copy of the ICE National Detainee Handbook. However, ODO reviewed 12 detention files and found nothing to indicate the facility

---

<sup>7</sup> "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." *See* ICE NDS 2000, Standard, Access to Legal Material, Section (III)(B).

<sup>8</sup> "The facility shall designate an employee with responsibility for updating legal materials, inspecting them weekly, maintaining them in good condition, and replacing them promptly as needed." *See* ICE NDS 2000, Standard, Access to Legal Material, Section (III)(E).

<sup>9</sup> "The facility shall notify the designated contact person at INS Headquarters if anticipated updates are not received or if subscriptions lapse." *See* ICE NDS 2000, Standard, Access to Legal Material, Section (III)(E).

<sup>10</sup> "Identity documents, such as passports, birth certificates, etc., will be inventoried, then given to a deportation officer/INS for placement in the detainee's A-file." *See* ICE NDS 2000, Standard, Admission and Release, Section (III)(E).

nor ERO Saint Paul provided 12 out of 12 detainees with a copy of the ICE National Detainee Handbook (A&R-26<sup>11</sup>).

ODO found there was no documentation or receipts for detainees returning facility-issued items. Specifically, two out of three release files were missing the detainee's signature for receipt of their personal property and four out of four account activity ledgers for detainee releases were missing the detainee's signature. Additionally, facility staff did not fingerprint the detainees before they were (A&R-28<sup>12</sup>).

## DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO reviewed a list of [REDACTED] facility officers with classification duties and found there was no documentation that [REDACTED] officers received training for the facility's classification process (DCS-3<sup>13</sup>).

The facility's classification system did not ensure a supervisor reviewed each detainee's classification level (DCS-6<sup>14</sup>).

A facility supervisor did not review the intake officer's classification file for each detainee for accuracy and completeness (DCS-10<sup>15</sup>).

A facility supervisor, as the final reviewing officer, did not ensure facility staff assigned each detainee the appropriate housing unit (DCS-11<sup>16</sup>).

ODO reviewed 12 detention files and found in 2 out of 12 files, facility staff did not reclassify the detainees between 60 and 90 days following their initial classification. Additionally, facility staff only reclassified detainees with a [REDACTED], when an issue arose to prompt a classification review (DCS-23<sup>17</sup>).

## FOOD SERVICE (FS)

ODO reviewed the common-fare menu and found the common-fare menu did not provide special

---

<sup>11</sup> "Upon admission every detainee will receive a detainee handbook." See ICE NDS 2000, Standard, Admission and Release, Section (III)(K).

<sup>12</sup> "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." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J).

<sup>13</sup> "All officers assigned to classification duties shall be trained in the facility's classification process." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(A)(1).

<sup>14</sup> "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>15</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>16</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 (II)(C).

<sup>17</sup> "All facility classification systems shall ensure that a detainee may be reclassified any time and the classification level redetermined." See ICE NDS 2000, Standard, Detainee Classification System, Section (II)(G).

menus for the 10 Federal holidays (FS-60<sup>18</sup>).

ODO reviewed four of the facility's kitchen chemical inventories and found the perpetual inventories for [REDACTED] were not accurate. Specifically, the facility's staff did not ensure they carried the closing inventory's balance from the previous day over to the beginning inventory for the following day (FS-105<sup>19</sup>).

## FUNDS AND PERSONAL PROPERTY (F&PP)

ODO found in 12 out of 12 detention files were reviewed identity documents were not copied and placed in the detainee's detention files, nor were the original documents forwarded to ERO Saint Paul, but maintained at the facility in the detainees' property (F&PP-10<sup>20</sup>).

ODO interviewed facility staff and determined ICE detainees were not allowed copies of identity documents upon request (F&PP-11<sup>21</sup>).

ODO reviewed three property release forms and determined two out of three forms did not have the detainee's signature indicating receipt of all property, and three out of three account activity ledgers for detainees released were missing the detainee's signature indicating receipt of all funds. ODO noted this as an **Area of Concern**.

The facility did not have written policy and procedure for detainee property reported missing or damaged (F&PP-28<sup>22</sup>).

ODO reviewed the facility's inmate handbook and determined it did not provide procedures for obtaining a copy of identity documents nor procedures for filing a claim for lost or damaged property (F&PP-34<sup>23</sup>).

## RELIGIOUS PRACTICES (RP)

ODO interviewed the facility's chaplain, reviewed the facility's policy and the local detainee handbook, and found detainees could not change religious designations at any time, which also

---

<sup>18</sup> "The common-fare menu is based on a 14-day cycle, with special menus for the 10 Federal holidays." *See* ICE NDS 2000, Standard, Food Service, Section (II)(E)(2).

<sup>19</sup> "All staff members shall know where and how much toxic, flammable, or caustic material is on hand, aware that their use must be controlled and accounted-for daily." *See* ICE NDS 2000, Standard, Food Service, Section (II)(H)(11)(b).

<sup>20</sup> "Identity documents, such as passports, birth certificates, etc., will be held in the detainee's A-file." *See* ICE NDS 2000, Standard, Funds and Personal Property, Section (II)(B)(3).

<sup>21</sup> "Upon request, staff will provide the detainee with a copy of the document, certified by an INS official to be a true and correct copy." *See* ICE NDS 2000, Standard, Funds and Personal Property, Section (II)(B)(3).

<sup>22</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 (II)(H).

<sup>23</sup> "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including: ...

2. That, upon request, they will be provided an INS-certified copy of any identity document (passport, birth certificate, etc.) placed in their A-files; ...

5. The procedures for filing a claim for lost or damaged property." *See* ICE NDS 2000, Standard, Funds and Personal Property, Section (II)(J)(2) and (5).

means the facility does not affect the requested changes in a timely manner (RP-10<sup>24</sup>).

## **SECURITY AND CONTROL**

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

ODO reviewed pictures of two spray bottles and found the facility had not properly labeled the bottles. Specifically, one bottle was labeled "hand sanitizer" and the other was labeled "cleaner for COVID-19" with no product name to reference in the event a Safety Data Sheet (SDS) would be needed in an emergency (EH&S-22<sup>25</sup>).

ODO reviewed emergency plan procedures and found they did not include procedures for detainees with disabilities. ODO noted this as an **Area of Concern**.

ODO reviewed the Iowa State Fire Marshal Inspection, the fire alarm testing results by General Fire & Safety Equipment Company of Des Moines, Iowa, the fire suppression inspection by Ahern Fire Protection of Des Moines, Iowa, [REDACTED] and [REDACTED] inspections, and the Polk County Sheriff's Department 14011 Fire Prevention and Code Conformation. ODO found the facility's fire drills did not provide a location nor time of the fire drill, if detainees were involved and evacuated, nor the use of [REDACTED]. ODO also reviewed pictures of the facility's evacuation routes and found they did not provide a legend indicating the primary and secondary route, equipment designation, nor area of safe refuge (EH&S-33<sup>26</sup>).

ODO reviewed the facility's inventory log sheets for sharp instruments and found the facility maintained a perpetual inventory, but neither the HSA nor a designee reconciled the inventory on a [REDACTED] basis (EH&S-52<sup>27</sup>).

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

ODO reviewed the facility's policy General Order 14128: Special Management Inmates, interviewed the facility's staff, and found 8 out of 19 detainees placed in the SMU during the inspection period did not have an administrative segregation order completed and approved by the

---

<sup>24</sup> "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 (II)(C).

<sup>25</sup> "The OIC will individually assign the following responsibilities associated with the labeling procedure: ...

2. Requiring use of properly labeled containers for hazardous materials, including any

and all miscellaneous containers into which employees might transfer the material." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(J)(2).

<sup>26</sup> "Every facility will comply with standards and regulations issued by the Environmental Protection Agency (EPA) and OSHA, the American Correctional Association's "mandatory" standards, local and national fire safety codes, and the applicable standards of the American Society for Testing and Materials, American National Standards Institute, and Underwriters' Laboratories or Factory Mutual Engineering Corporation." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(1).

<sup>27</sup> "An inventory will be kept of those items that pose a security risk, such as [REDACTED]. This inventory will be checked [REDACTED] 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).

facility administrator (SMU AS-15<sup>28</sup>).

ODO found 8 out of 19 detainees placed in the SMU during the inspection period did not have an administrative segregation order on file (SMU AS-16<sup>29</sup>).

ODO found 8 out of 19 detainees placed in the SMU during the inspection period had no documentation that the facility staff provided them an administrative segregation order in a language or manner the detainee could understand (SMU AS-17<sup>30</sup>).

ODO found 8 out of 19 detainees placed in the SMU during the inspection period did not have an administrative segregation order documenting notification to ERO Saint Paul. ODO noted this as an **Area of Concern**.

ODO found 8 out of 19 detainees placed in the SMU during the inspection period did not have a written administrative segregation order on file indicating the date and time of release. ODO noted this as an **Area of Concern**.

ODO found 8 out of 19 detainees placed in the SMU during the inspection period did not have a written order on file and a retrievable electronic copy was not available. ODO noted this as an **Area of Concern**.

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

ODO reviewed 15 housing unit logs and determined 15 out of 15 logs did not contain a release date. ODO noted this as an **Area of Concern**.

ODO reviewed 15 special housing records and found in 15 out of 15 records, medical staff did not sign each individual record when the facility's medical member visited the detainee in the SMU. ODO noted this as an **Area of Concern**.

ODO found facility staff routinely restrained SMU detainees when they were taken out of an SMU cell or during movement around the facility. ODO noted this as an **Area of Concern**.

ODO could not verify health care personnel conducted face-to-face medical assessments at least once daily for detainees in SMU because medical staff did not sign each individual record when the facility's medical member visited the detainee. ODO noted this as an **Area of Concern**.

---

<sup>28</sup> "A written order shall be completed and approved by a supervisory officer before a detainee is placed in administrative segregation, except when exigent circumstances make this impracticable." See ICE NDS 2000, Standard, Special Management Unit (Administrative Segregation), Section (III)(B).

<sup>29</sup> "In such cases, an order shall be prepared as soon as possible." See ICE NDS 2000, Standard, Special Management Unit (Administrative Segregation), Section (III)(B).

<sup>30</sup> "A copy of the order shall be given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or orderly operation of the facility." See ICE NDS 2000, Standard, Special Management Unit (Administrative Segregation), Section (III)(B).

## **HEALTH SERVICES**

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

ODO reviewed 12 detainee medical records and found the facility did not conduct nor document a comprehensive health assessment, including a physical examination and mental health screening for 2 out of 12 detainees within 14 days of the detainee's arrival at the facility. Specifically, the facility's medical staff completed 2 physicals between 1 and 10 days beyond the 14-day requirement (MC-27<sup>31</sup>).

ODO reviewed 12 detainee medical records and found the health assessment was conducted by registered nurses without documented initial and annual training provided by a physician. ODO noted this as an **Area of Concern**.

ODO reviewed 12 detainee medical records and found non-dental clinicians, without annual training by a dentist, conducted the initial dental screenings. ODO noted this as an **Area of Concern**.

ODO reviewed one detainee medical record and determined the facility charged the detainee a co-payment for nurse visits on January 29 and 30, 2021, and a dental visit on February 1, 2021. The facility refunded the co-payment to the detainee; however, ODO found the facility's inmate handbook contained information on co-payment fees for any visits or prescriptions inmates receive for medical, mental health, or dental care. Additionally, the facility's inmate handbook described medical co-payment fees for federal inmates after 30 days in custody and for medical tests administered that failed to verify inmate food allergies. ODO noted this as an **Area of Concern**.

### **SUICIDE PREVENTION AND INTERVENTION (SP&I)**

ODO reviewed the facility's policy, "Suicide Prevention and Intervention," and Wellpath's "Suicide Prevention and Intervention Program," and found they did not require a mental health provider to perform welfare checks every eight hours per the standard. Specifically, the policies stated qualified mental health providers regularly reassess patients to identify any changes in condition indicating a need for a change in supervision level. In addition, ODO reviewed one detainee medical file and found the mental health provider documented follow-up visits once per day while the detainee was on suicide watch. ODO noted this as an **Area of Concern**.

## **OTHER NDS 2019 STANDARDS INSPECTED**

### **DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION**

ODO interviewed facility staff and found the facility did not have a Disability Compliance Coordinator to assist facility personnel in ensuring compliance with the DIA&A standard and all applicable laws related to accommodate detainees with disabilities. ODO noted this as an **Area of Concern**.

---

<sup>31</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." See ICE NDS 2000, Standard, Medical Care, Section (III)(D).

## FACILITY SECURITY AND CONTROL

ODO reviewed the facility's detainee supervision guidelines, as outlined in the facility's policies, Facility Searches and Personal Searches, and found they were last updated December 3, 2019, and August 17, 2015, respectively. ODO determined the facility did not review nor updated the documents at least annually. ODO noted this as an **Area of Concern**.

ODO reviewed the facility's legal and non-legal visitors' logbooks and found every entry did not have the time of departure for the person visiting the facility. Additionally, 20% of the entries lacked a departure time. ODO noted this as an **Area of Concern**.

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 16 standards under NDS 2000, 3 standards under NDS 2019, and found the facility in compliance with 10 of those standards. ODO found 25 deficiencies in the remaining 9 standards. Additionally, ODO cited 18 Areas of Concern during this inspection. PCJ was contractually obligated to comply with NDS 2000 and ODO verified each finding against the NDS 2000 standards, prior to citing the findings as deficiencies in this report. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2020 (NDS 2000)</b>	<b>FY 2021 (NDS 2000)/ (NDS 2019)</b>
Standards Reviewed	19	16/3
Deficient Standards	12	9
Overall Number of Deficiencies	44	25
Repeat Deficiencies	9	0
Areas of Concern	4	18
Corrective Actions	4	0