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Office of Professional Responsibility
ICE Inspections
Washington, DC 20536-5501

**Office of Detention Oversight
Compliance Inspection
2024-002-294**

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

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

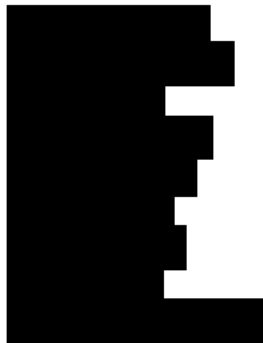
February 6-8, 2024

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

TABLE OF CONTENTS

FACILITY OVERVIEW	4
COMPLIANCE INSPECTION PROCESS	5
FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES.....	6
DETAINEE RELATIONS.....	7
COMPLIANCE INSPECTION FINDINGS	7
SAFETY.....	7
ENVIRONMENTAL HEALTH AND SAFETY	7
SECURITY	7
CUSTODY CLASSIFICATION SYSTEM	7
FACILITY SECURITY AND CONTROL	8
POST ORDERS	8
SPECIAL MANAGEMENT UNIT	8
SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION.....	9
CARE	9
FOOD SERVICE	9
HUNGER STRIKES.....	9
MEDICAL CARE.....	9
SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION	10
ACTIVITIES	11
RELIGIOUS PRACTICES.....	11
CONCLUSION	11

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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 February 6 to 8, 2024.¹ 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 in Saint Paul (ERO Saint Paul). ICE is an authorized user of this facility under a United States Marshals Service Intergovernmental Agreement (USMS IGA) contract, which does not specify an ICE National Detention Standard (NDS), and ODO inspected to the NDS listed on the ERO Custody Management Division (ERO CMD) Authorized Facility List as of January 29, 2024. PCJ was inspected against the NDS 2019, and ODO’s assigned rating is for ERO’s informational purposes only.

[REDACTED] A chief handles daily 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 January 2022. 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 ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of February 6, 2024)	[REDACTED]
Adult Female Population (as of February 6, 2024)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found 40 deficiencies in the following areas: Detainee Classification System (3); Disciplinary Policy (2); Environmental Health and Safety (3); Food Services (3); Key and Lock Control (Security, Accountability, and Maintenance) (2); Medical Care (4); Religious Practices (1); Terminal Illness, Advance Directives, and Death (10); Tool Control (7); Use of Force (1); and Visitation (4).

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 Custody Management Division Authorized Facility List as of January 29, 2024.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures, as “deficiencies.” ODO highlights instances when 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.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{5,6}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	1
Sub-Total	1
Part 2 - Security	
Admission and Release	0
Custody Classification System	2
Facility Security and Control	2
Funds and Personal Property	0
Post Orders	2
Searches of Detainees	0
Use of Force and Restraints	0
Special Management Units	2
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	1
Sub-Total	9
Part 4 - Care	
Food Service	1
Hunger Strikes	1
Medical Care	3
Personal Hygiene	0
Significant Self-Harm and Suicide Prevention and Intervention	4
Sub-Total	9
Part 5 - Activities	
Correspondence and Other Mail	0
Religious Practices	1
Telephone Access	0
Voluntary Work Program	0
Sub-Total	1
Part 6 - Justice	
Grievance System	0
Law Libraries and Legal Materials	0
Sub-Total	0
Part 7 - Administration and Management	
Detention Files	0

⁵ For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

⁶ Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

Detainee Transfers	0
Sub-Total	0
Total Deficiencies	20

DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. ODO attempted to interview 14 additional detainees; however, 9 detainees were quarantined, 4 detainees declined ODO’s interview request, and 1 detainee was in court. None of the detainees made allegations of discrimination, mistreatment, or abuse. All 12 detainees reported satisfaction with facility services.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed a facility deputy, reviewed facility’s EHS policy, and found the facility’s emergency plans did not include procedures for evacuating detainees with disabilities (**Deficiency EHS-25.7**).

SECURITY

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO interviewed a facility detention officer (FDO), reviewed █ detainee files and electronic classification forms, and found in █ out of █ files, a supervisor did not review each detainee’s classification (**Deficiency CCS-6.8**).

ODO interviewed an FDO, reviewed the facility’s CCS policy and the facility’s detainee handbook, dated January 2021, and found the handbook did not include all facility classification levels and applicable restrictions (**Deficiency CCS-30.9**).

ODO interviewed an FDO, reviewed the facility’s CCS policy and detainee housing unit rosters, dated February 6, 2024, observed detainee color-coded classification uniforms and wristbands within the detainee living quarters, and found in South-Five housing, nine low custody-level detainees housed with three medium custody-level inmates; in North-Five housing, two low custody-level detainees housed with five medium custody-level inmates; and in North-Eight

⁷ “Plans will include procedures for detainees with disabilities to ensure their safety and security during the facility response.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(B).

⁸ “The classification system shall ensure: ...

4. A supervisor will review each detainee’s classification.”

See ICE NDS 2019, Standard, Custody Classification System, Section (II)(A)(4).

⁹ “The facility shall include a classification section in its detainee handbook which will include the following:

1. An explanation of the classification levels, with the conditions and restrictions applicable to each.”

See ICE NDS 2019, Standard, Custody Classification System, Section (II)(H)(1).

housing, four low custody-level detainees housed with eight medium custody-level inmates.¹⁰

The NDS 2019, CCS standard, section (II)(D) states, “All facilities shall ensure detainees are housed according to their classification level.” Although the facility assigned all detainees to housing units with detainees of the same classification level, ODO found the facility housed federal, state, and/or other inmates with a different classification level from that of the ICE detainees. The ICE Performance-Based NDS 2011 (Revised 2016) permits housing detainees with low and medium classification levels together, provided the detainees classified as medium do not have a history of assaultive or combative behavior. ODO noted this as an **Area of Concern**.

FACILITY SECURITY AND CONTROL (FSC)

ODO interviewed an FDO, reviewed the facility’s FSC policy, and found the facility did not have written policy and procedures to ensure contraband is not introduced into the special management unit (**Deficiency FSC-29**¹¹).

ODO reviewed the facility’s detainee handbook and found the handbook did not include facility rules and procedures governing headcount times (**Deficiency FSC-34**¹²).

POST ORDERS (PO)

ODO interviewed an FDO, reviewed the facility’s PO program, and found the facility did not have the officers sign and date the PO to indicate having read and understood its provisions prior to assuming duties (**Deficiency PO-7**¹³).

ODO reviewed the facility’s master control PO and the control center PO and found the PO did not instruct facility staff to consider staff members taken hostage as being under duress and to disregard any orders communicated by those staff members (**Deficiency PO-11**¹⁴).

SPECIAL MANAGEMENT UNIT (SMU)

ODO interviewed a facility sergeant, reviewed the facility’s SMU policy, observed all cells in the SMU, and found inadequate lighting for the cells and rooms used for segregation and less than sanitary conditions consistent with safety and security. Specifically, in West-One housing, ODO found graffiti on all cell walls and paper covering the light fixtures and windows in most of the cells. Furthermore, ODO inspected Cell-111 on 2 consecutive days and found an inoperable and

¹⁰ The term detainees refer to ICE detainees held pursuant to deportation proceedings and the term inmates refers to local, county, state, and/or federal inmates held pursuant to criminal proceedings. ODO is unable to review the records of inmates and unable to determine if any medium-custody inmates have a history of assaultive or combative behavior.

¹¹ “Every facility will establish written policy and procedures to secure the SMU from contraband.” See ICE NDS 2019, Standard, Facility Security and Control, Section (II)(H)(2).

¹² “The facility handbook shall notify detainees in a language or manner they understand of the facility’s rules and procedures governing pertinent security issues, e.g., counts and contraband.” See ICE NDS 2019, Standard, Facility Security and Control, Section (II)(J).

¹³ “Prior to assuming a post, officers will sign and date the post order to indicate having read and understood its provisions.” See ICE NDS 2019, Standard, Post Orders, Section (II)(B).

¹⁴ “Post orders for armed posts, and for posts that control access to the institution perimeter, shall clearly state that any staff member who is taken hostage is considered to be under duress.” See ICE NDS 2019, Standard, Post Orders, Section (II)(D).

overflowing toilet on both occasions (**Deficiency SMU-76**¹⁵).

ODO interviewed an FDO, reviewed the facility's SMU policy and two detainees' daily records, and found the facility health care personnel did not conduct face-to-face medical assessments of the detainees in SMU for 2 days for 1 detainee and for 14 days for the other detainee (**Deficiency SMU-89**¹⁶).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO interviewed ERO Saint Paul, reviewed facility's SAAPI policy and procedures, and found ERO Saint Paul had not reviewed and approved the facility's policy and procedures (**Deficiency SAAPI-14**¹⁷).

CARE

FOOD SERVICE (FS)

ODO interviewed the facility's FS supervisor; reviewed the common-fare, 14-day cycle menu; and found the menu did not include special menus for the 10 Federal holidays (**Deficiency FS-60**¹⁸).

HUNGER STRIKES (HS)

ODO reviewed [REDACTED] medical staff training records and found in [REDACTED] out of [REDACTED] records, no documented hunger strike training for initial and annual training (**Deficiency HS-1**¹⁹).

MEDICAL CARE (MC)

ODO reviewed [REDACTED] detainee medical records and found in [REDACTED] out of [REDACTED] records, no tuberculosis (TB) screening for new arrivals per Center for Disease Control and Prevention guidelines prior to their placement in general population. Specifically, 5 detainees received TB screenings between 14 hours and 100 days after their arrival at the facility (**Deficiency MC-18**²⁰). **This is a priority component.**

¹⁵ "Cells and rooms used for purposes of segregation must be adequately lit, and maintained in a sanitary condition at all times, consistent with safety and security." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(H).

¹⁶ "Health care personnel shall conduct face-to-face medical assessments at least once daily for detainees in an SMU." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(M).

¹⁷ "The facility's written policy and procedures must be reviewed and approved by ICE/ERO." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A).

¹⁸ "The common-fare menu is based on a 14-day cycle, with special menus for the 10 Federal holidays." See ICE NDS 2019, Standard, Food Service, Section (II)(F)(2).

¹⁹ "All staff shall be trained initially and annually thereafter to recognize the signs of a hunger strike, and to implement the procedures for referral for medical assessment and for management of a detainee on a hunger strike." See ICE NDS 2019, Standard, Hunger Strikes, Section (II)(A).

²⁰ "All new arrivals shall receive tuberculosis (TB) screening in accordance with the most current Centers for Disease Control and Prevention (CDC) guidelines, including, but not limited to, CDC Guidelines for Correctional Facilities, prior to being placed in general population." See ICE NDS 2019, Standard, Medical Care, Section (II)(D)(1).

ODO reviewed █ detainee health assessments completed by registered nurses (RN) and found in █ out of █ health assessments, RNs received no documented initial nor annual training provided by a physician (**Deficiency MC-28**²¹).

ODO reviewed █ non-dental clinician training records and found in █ out of █ records, no documented annual training by a dentist (**Deficiency MC-45**²²).

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHSPI)

ODO reviewed █ medical staff training records and found in █ out of █ records, no documented annual comprehensive suicide prevention refresher training (**Deficiency SSHSPI-2**²³). **This is a priority component.**

ODO reviewed █ detainee medical records and found 1 detainee received no initial mental health screening after admission to the facility and 2 other detainees received screenings between 14.5 and 19 hours after their admission to the facility instead of within the required 12 hours (**Deficiency SSHSPI-5**²⁴). **This is a priority component.**

ODO reviewed 17 watch logs for 3 detainees placed on suicide watch and found in 17 out of 17 logs, 215 log entries where staff documented monitoring of the detainees between 16 and 27 minutes (**Deficiency SSHSPI-21**²⁵). **This is a priority component.**

ODO interviewed the mental health director and the health services administrator, reviewed the medical record of 1 detainee placed on suicide watch for 27 days in SMU and staff did not document confirmation of mental health welfare checks at any time during the 27 days (**Deficiency SSHSPI-22**²⁶).

²¹ “Health assessments shall be performed by a physician, physician assistant, nurse practitioner, registered nurse (RN) (with documented initial and annual training provided by a physician), or other health care practitioner, as permitted by law.” See ICE NDS 2019, Standard, Medical Care, Section (II)(E).

²² “Such non-dental clinicians shall be trained annually on how to conduct the exam by a dentist.” See ICE NDS 2019, Standard, Medical Care, Section (II)(H).

²³ “All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training during orientation and refresher training at least annually thereafter.” See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(B).

²⁴ “All detainees shall receive an initial mental health screening within 12 hours of admission by a health care practitioner or a specially trained detention officer.” See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(C).

²⁵ “The monitoring must be documented every 15 minutes or more frequently if necessary.” See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(F).

²⁶ “A mental health provider will perform welfare checks every 8 hours.” See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(F).

ACTIVITIES

RELIGIOUS PRACTICES (RP)

ODO interviewed the chaplain, reviewed the facility’s RP policy and the facility’s detainee handbook, and found the facility did not allow detainees to change their religious preference after booking (**Deficiency RP-10**.²⁷).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 24 standards under NDS 2019 and found the facility in compliance with 13 of those standards. ODO found 20 deficiencies in the remaining 11 standards. Since PCJ’s last full inspection in January 2023, the facility has trended upward. PCJ went from 11 deficient standards and 40 deficiencies in January 2023 to 11 deficient standards and 20 deficiencies during this most recent inspection, including 4 priority component deficiencies in MC (1) and SSHSPI (3). This was PCJ’s first full inspection under NDS 2019, and although the facility’s performance trended upward, ODO will reassess this trend following their follow-up inspection later this year and again during PCJ’s next full inspection next year. ODO recommends ERO Saint Paul continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2023 Full Inspection (NDS 2000/2019)	FY 2024 Full Inspection (NDS 2019)
Standards Reviewed	24	24
Deficient Standards	11	11
Overall Number of Deficiencies	40	20
Priority Component Deficiencies	3	4
Repeat Deficiencies	9	0
Areas Of Concern	14	1
Corrective Actions	0	0
Facility Rating	Acceptable/Adequate	Acceptable/Adequate

²⁷ “By notifying the chaplain or other RSC, in writing, a detainee may request to change this designation at any time, and the change will be affected in a timely fashion.” See ICE NDS 2019, Standard, Religious Practices, Section (II)(C).