



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
Compliance Inspection**

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

**Pottawattamie County Jail
Council Bluffs, Iowa**

February 8-10, 2022

COMPLIANCE INSPECTION
of the
POTTAWATTAMIE COUNTY JAIL
Council Bluffs, 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 compliance inspection of the Pottawattamie County Jail (PCJ) in Council Bluffs, Iowa, from February 8 to 10, 2022.¹ The facility opened in 1999 and is owned by Pottawattamie County and operated by the Pottawattamie County Sheriff's Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at PCJ in 1995 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 not assigned deportation officers nor a detention services manager to the facility. The Pottawattamie County Sheriff handles daily facility operations and manages [REDACTED] support personnel. Summit Food Service provides food services, facility staff provides medical care, and Turnkey Corrections provides commissary services at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of February 8, 2022)	[REDACTED]
Adult Female Population (as of February 8, 2022)	[REDACTED]

This is ODO's first compliance inspection of PCJ.

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 February 7, 2022.

³ *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 over 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.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.

Beginning fiscal year (FY) 2022, ODO will conduct focused reviews of under 72-hour ICE detention facilities with an average daily population (ADP) of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1-9 detainees. Additionally, ODO will conduct unannounced inspections of ICE detention facilities, regardless of ADP of detainees, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facility inspections will result in an ODO Inspection Compliance Rating. ODO will conduct a complete review of several core standards, in accordance with the facility’s new contractually required ICE National Detention Standards, which include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Special Management Units, Educational Policy (FRS only), Behavior Management (FRS only), Admission and Release, Classification, and Funds and Personal Property.

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.

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

FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected ^{5,6}	Deficiencies
Part 1 - Detainee Services	
Admission and Release ⁷	1
Food Service	8
Sub-Total	9
Part 2 - Security and Control	
Detention Files	0
Environmental Health and Safety	7
Post Orders	6
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	1
Use of Force	3
Sub-Total	17
Part 3 - Health Services	
Hunger Strikes	0
Medical Care	2
Suicide Prevention and Intervention	2
Sub-Total	4
Other Standards Reviewed	
NDS 2019 Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	0
Total Deficiencies	30

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

⁶ 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.

⁷ ODO found the deficiency in Admissions and Release (AR) through detainee interviews, ODO did not inspect the AR standard in its entirety.

DETAINEE RELATIONS

ODO interviewed four 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.

Admission and Release: Two detainees stated facility staff did not replenish personal hygiene supplies as needed. Specifically, the detainees stated facility staff required them to purchase additional hygiene items from the commissary.

- Action Taken: ODO interviewed facility staff and confirmed each detainee received an initial personal hygiene kit upon arrival and had to purchase additional hygiene supplies from the commissary. The facility resupplies only indigent detainees for personal hygiene products. ODO cited this complaint as a deficiency in the *Admission and Release* section of the report.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ADMISSION AND RELEASE (AR)

ODO interviewed detainees and facility staff and confirmed facility staff did not replenish hygiene supplies as needed. Specifically, the facility's detention supervisor stated the staff issues an indigent kit upon arrival to all detainees and then requires non-indigent detainees to purchase additional supplies through the commissary (**Deficiency AR-28**⁸).

FOOD SERVICE (FS)

ODO interviewed the food service director (FSD) and FSD staff did not receive a pre-employment medical examination (**Deficiency FS-303**⁹).

ODO interviewed the FSD and found food service workers did not receive a medical examination prior to employment (**Deficiency FS-305**¹⁰).

ODO interviewed the FSD and found the FSD did not maintain current Material Safety Data Sheets (MSDSs) on all flammable, toxic, and caustic substances used in the facility (**Deficiency FS-**

⁸ "They will replenish supplies as needed." See ICE NDS 2000, Standard, Admission and Release, Section (III)(G).

⁹ "All food service personnel (both staff and detainee) shall receive a pre-employment medical examination." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(3)(a).

¹⁰ "The food service workers' examination shall be conducted in sufficient detail to determine absence of:

1. Acute or chronic inflammatory condition of the respiratory system.
2. Acute or chronic infectious skin disease.
3. Communicable disease.
4. Acute or chronic intestinal infection."

See ICE NDS 2000, Standard, Food Service, Section (III)(H)(3)(b)(1-4).

395¹¹).

ODO interviewed the FSD and found the FSD did not forward MSDSs to the health services department (**Deficiency FS-397**¹²).

ODO interviewed the FSD and found the facility had not implemented written procedures for staff conducting the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas (**Deficiency FS-413**¹³).

ODO interviewed the FSD and found the FSD did not inspect food service areas weekly (**Deficiency FS-415**¹⁴).

ODO interviewed the FSD and found personnel inspecting the food service department did not notate needed corrective actions, if any, in a written report and forward to the officer in charge (OIC) (**Deficiency FS-417**¹⁵).

ODO interviewed the FSD and found the OIC did not establish dates by which the food service department will correct any identified problems. Specifically, staff did not document food inspection reports nor forward them to the OIC (**Deficiency FS-418**¹⁶).

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the maintenance supervisor and found every area using hazardous substances did not maintain a self-contained file of the corresponding MSDS. Specifically, food service and laundry did not maintain current MSDSs (**Deficiency EHS-5**¹⁷).

ODO interviewed the food service director and found staff and detainees did not have ready and continuous access to the MSDSs for the hazardous substances they use in their work area. Specifically, ODO found the MSDSs did not correspond to all substances the facility used in the food service and laundry areas, and the facility did not maintain current information on the MSDSs

¹¹ “The FSA shall obtain and file for reference Material Safety Data Sheets (MSDSs) on all flammable, toxic, and caustic substances used in the facility.” *See* ICE NDS 2000, Standard, Food Service, Section (III)(H)(11)(c)(4).

¹² “The FSA shall forward copies of all MSDSs to the health services department, with a set available in each food service work area.” *See* ICE NDS 2000, Standard, Food Service, Section (III)(H)(11)(c)(4).

¹³ “The facility shall implement written procedures for the administrative, medical, and/or dietary personnel conducting the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas.” *See* ICE NDS 2000, Standard, Food Service, Section (III)(H)(13)(a).

¹⁴ “The FSA or CS of food service shall inspect food service areas weekly.” *See* ICE NDS 2000, Standard, Food Service, Section (III)(H)(13)(a).

¹⁵ “Personnel inspecting the food service department shall note needed corrective action(s), if any, in a written report to the OIC.” *See* ICE NDS 2000, Standard, Food Service, Section (III)(H)(13)(b).

¹⁶ “Personnel inspecting the food service department shall note needed corrective action(s), if any, in a written report to the OIC. The OIC shall establish the date(s) by which identified problems shall be corrected.” *See* ICE NDS 2000, Standard, Food Service, Section (III)(H)(13)(b).

¹⁷ “Every area using hazardous substances will maintain a self-contained file of the corresponding Material Safety Data Sheets (MSDS).” *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(B).

(Deficiency EHS-6¹⁸).

ODO interviewed the maintenance supervisor and reviewed MSDS files and found facility staff did not review the latest issuance from the manufacturers of the relevant substances nor update the MSDS files as necessary. Specifically, food service facility staff did not update the MSDS in over 2 years **(Deficiency EHS-7¹⁹)**.

ODO interviewed the food service director and reviewed the MSDS files and found the food service director did not maintain current food service MSDSs nor forwarded them to the maintenance supervisor **(Deficiency EHS-9²⁰)**.

ODO interviewed the detention supervisor, reviewed 8 weekly inspections completed during the past 12 months, and found no qualified departmental staff member had conducted weekly fire and safety inspections. Specifically, the weekly inspections did not annotate the staff members (name/title) completing the inspections **(Deficiency EHS-60²¹)**.

ODO reviewed 10 fire drills and found in 10 out of 10 fire drills, facility staff neither included nor timed emergency-key drills **(Deficiency EHS-69²²)**.

ODO reviewed 10 fire drills and found in 10 out of 10 fire drills, the facility staff did not draw emergency keys for use by the appropriate staff to unlock one set of emergency exit doors not in daily use **(Deficiency EHS-70²³)**.

ODO interviewed the detention supervisor and found the facility contracted an outside barber for all haircuts. The contracted barber charged \$19.00 per detainee, and ODO noted this as an **Area of Concern**.

POST ORDERS (PO)

ODO reviewed the facility's written policy and found the policy did not provide official time for personnel to read the applicable POs upon assuming a new post **(Deficiency PO-6²⁴)**.

¹⁸ "Staff and detainees will have ready and continuous access to the MSDS for the substances with which they are working while in the work area." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(B).

¹⁹ "Because changes in MSDSs occur often and without broad notice, staff must review the latest issuance from the manufacturers of the relevant substances, updating the MSDS files as necessary." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(B).

²⁰ "Staff will provide a copy of this information and all MSDSs contained in the file, forwarding updates upon receipt, to the Maintenance Supervisor or designate." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(B).

²¹ "A qualified departmental staff member will conduct weekly fire and safety inspections; the maintenance (safety) staff will conduct monthly inspections." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(2).

²² "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).

²³ "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).

²⁴ "Each facility shall implement a written policy providing official time for personnel to read the applicable post

ODO reviewed the facility's written policy and found the facility did not have written procedures to ensure that all officers read the applicable POs (**Deficiency PO-7**²⁵).

ODO reviewed the facility's POs and found the POs were not current nor updated yearly or sooner when deemed necessary. Specifically, ODO reviewed [REDACTED] POs and found the facility last reviewed [REDACTED] PO in 2019, one PO in 2016, [REDACTED] POs in 2013, and the other [REDACTED] POs in 2012 (**Deficiency PO-13**²⁶).

ODO reviewed the facility's POs and found the POs did not describe and explain the proper care and safe handling of firearms nor the circumstances and conditions when security staff is authorized to use firearms. Specifically, the facility did not have POs for the armed transportation post (**Deficiency PO-29**²⁷).

ODO reviewed the facility's POs and found the POs for armed posts did not clearly state staff members taken hostage were to be considered under duress and officers were to disregard the directives and orders staff members under duress issue (**Deficiency PO-34**²⁸).

ODO reviewed the facility's POs and found the POs for armed posts did not include specific instructions for escape attempts (**Deficiency PO-35**²⁹).

SPECIAL MANAGEMENT UNIT (ADMINISTRATIVE SEGREGATION) (SMUAS)

ODO interviewed facility staff, and although the facility did not have any specific instances in which they placed a detainee in administrative segregation (AS), the facility's policy does not require them to issue a copy of the AS order within 24 hours. ODO noted this as an **Area of Concern**.

SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION) (SMUDS)

ODO interviewed facility staff and found the facility did not follow the visitation standard in setting visitation rules for detainees in disciplinary segregation. Specifically, detainees automatically lost visitation rights upon entering disciplinary segregation, even when visitation was not the offense, the detainee committed to warrant disciplinary segregation (**Deficiency**

orders upon assuming a new post." See ICE NDS 2000, Standard, Post Orders, Section (III)(B).

²⁵ "All facilities shall have written procedures to ensure that all officers read applicable post orders." See ICE NDS 2000, Standard, Post Orders, Section (III)(B).

²⁶ "Post orders will be kept current at all times. Post orders will be reviewed and updated yearly or sooner when deemed necessary." See ICE NDS 2000, Standard, Post Orders, Section (III)(D).

²⁷ "Post orders for armed and perimeter-access posts assignment will, among other things, describe and explain:

- a. The proper care and safe handling of firearms; and
- b. Circumstances and conditions when use of firearms is authorized."

See ICE NDS 2000, Standard, Post Orders, Section (III)(F).

²⁸ "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. Any order/directive issued by such a person, regardless of his or her position of authority, is to be disregarded." See ICE NDS 2000, Standard, Post Orders, Section (III)(F).

²⁹ "Specific instructions for escape attempts will be included in the post orders for armed posts." See ICE NDS 2000, Standard, Post Orders, Section (III)(F).

SMUDS-53³⁰).

USE OF FORCE (UOF)

ODO reviewed the facility's POs and found the facility did not incorporate the responsibility for maintaining the video cameras and other video equipment into one or more POs (**Deficiency UOF-31**³¹).

ODO reviewed █ training files and found in █ out of █ files, the use-of-force team members did not receive annual training on communicable disease (**Deficiency UOF-44**³²).

ODO reviewed █ training files and found in █ out of █ files, the facility did not provide annual training in confrontation-avoidance procedures and forced cell-move techniques to all staff members (**Deficiency UOF-119**³³).

HEALTH SERVICES

MEDICAL CARE (MC)

ODO reviewed █ detainee medical records and found in █ out of █ records, a health care provider did not conduct a health appraisal and physical examination within 14 days of the detainees' arrival. Specifically, the health care provider never completed the health appraisals and physical examinations after the detainees arrived at the facility (**Deficiency MC-23**³⁴).

ODO reviewed █ detainee medical records and found in █ out of █ records, facility staff did not conduct the initial dental screening exams within 14 days of the detainees' arrival (**Deficiency MC-50**³⁵).

³⁰ "The facility shall follow the "Visitation" standard in setting visitation rules for detainees in disciplinary segregation." See ICE NDS 2000, Standard, Special Management Unit (Disciplinary Segregation), Section (III)(D)(17).

³¹ "This responsibility shall be incorporated into one or more post orders." See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4)(I).

³² "Use-of-Force Team members and others participating in calculated use of force shall:

a. Wear protective gear, and

b. Receive training on communicable diseases during orientation and scheduled annual training."

See ICE NDS 2000, Standard, Use of Force, Section (III)(D)(2)(a-b).

³³ "Staff members will receive annual training in confrontation avoidance procedures and forced cell-move techniques." See ICE NDS 2000, Standard, Use of Force, Section (III)(O).

³⁴ "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).

³⁵ "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).

SUICIDE PREVENTION AND INTERVENTION (SPI)

ODO reviewed eight medical staff training records and found in eight out of eight training records, medical staff did not receive annual training in:

- Recognizing signs of suicidal thinking, including suspect behavior;
- Facility referral procedures;
- Suicide-prevention techniques; and
- Responding to an in-progress suicide attempt (**Deficiency SPI-1**³⁶).

ODO reviewed █ facility staff and █ medical staff records found in █ out of █ medical records, medical staff did not receive annual training on the proper course of intervention and referral for a detainee showing signs of suicide risk (**Deficiency SPI-6**³⁷).

OTHER STANDARDS REVIEWED

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO noted the following observations as **Areas of Concern**:

- The facility did not prepare a negative report after having no reports of sexual abuse and assault toward detainees during the facility's annual reporting period. Hence, the facility did not forward a negative report to ICE/ERO;
- The facility's procedures for the coordination of internal administrative investigations did not include the ICE Office of Professional Responsibility with the assigned criminal investigative entity to ensure non-interference with a criminal investigation. The procedures for the investigation and discipline of assailants also did not include coordination with ICE/ERO to ensure the completion of administrative and/or criminal investigations of sexual abuse and assaults;
- The facility's memoranda of understanding with the community services provider for sexual abuse and assault victims expired in 2015;
- The facility's procedures for immediate reporting of sexual abuse allegations through the facility's chain of command did not include procedures for notifying ICE/ERO which require the facility to provide notification directly to the FOD;
- The facility's policy did not include reviewing prior complaints and reports of sexual abuse and assault involving a suspected perpetrator;
- The facility's policy did not include report retention for as long as the facility detained or employed the alleged abuser;
- The facility's written procedures for administrative investigations did not include the assessment of the credibility of an alleged victim, suspect, or witness without requiring any detainee who alleged sexual abuse and assault to submit to a polygraph test;

³⁶ "All staff will receive training, during orientation and periodically, in the following: recognizing signs of suicidal thinking, including suspect behavior; facility referral procedures; suicide-prevention techniques; and responding to an in-progress suicide attempt." See ICE NDS 2000, Standard, Suicide Prevention and Intervention, Section (III)(A).

³⁷ "All staff working with detainees will keep current on the proper course of intervention and referral for a detainee who shows signs of suicide risk." See ICE NDS 2000, Standard, Suicide Prevention and Intervention, Section (III)(B).

- Contractors who had contact with detainees had no training on their responsibilities under the facility sexual abuse and assault prevention, detection, intervention, response policies and procedures; the report procedure of such incidents; and the facility’s zero-tolerance policy;
- The facility’s SAAPI policy did not include the facility’s requirement to cooperate with all ICE/ERO audits and monitoring of facility compliance with sexual abuse and assault policies and standards;
- The facility did not post their SAAPI protocols on their public-facing website nor otherwise make available to the public;
- The facility’s sexual abuse and assault awareness notice did not include the mailing address of the local organization that assisted detainee victims of sexual abuse and assault; and
- The facility did not provide biannual SAAPI refresher training to employees.

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 11 standards under NDS 2000 and 1 standard under NDS 2019 and found the facility in compliance with 4 of those standards. ODO found 30 deficiencies in the remaining 8 standards. ODO commends facility staff members for their responsiveness during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2021 (NDS 2000/ NDS 2019)	FY 2022 (NDS 2000/ NDS 2019)
Standards Reviewed	N/A	11/1
Deficient Standards	N/A	8
Overall Number of Deficiencies	N/A	30
Repeat Deficiencies	N/A	N/A
Areas of Concern	N/A	14
Corrective Actions	N/A	0
Facility Rating	N/A	Acceptable