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Office of Detention Oversight
Unannounced Follow-Up Compliance
Inspection
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Enforcement and Removal Operations
ERO Saint Paul Field Office

Pottawattamie County Jail
Council Bluffs, Iowa

April 23-25, 2024

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION
of the
POTTAWATTAMIE COUNTY JAIL
Council Bluffs, Iowa

TABLE OF CONTENTS

FACILITY OVERVIEW	4
UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION PROCESS	5
FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES	6
DETAINEE RELATIONS	7
UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION FINDINGS	7
SECURITY	7
CUSTODY CLASSIFICATION SYSTEM	7
FACILITY SECURITY AND CONTROL	7
FUNDS AND PERSONAL PROPERTY	7
POST ORDERS	8
SPECIAL MANAGEMENT UNIT	8
CARE	8
HUNGER STRIKES	8
MEDICAL CARE	9
SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION	9
ACTIVITIES	10
VISITATION	10
CONCLUSION	10

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



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FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted an unannounced follow-up compliance inspection of the Pottawattamie County Jail (PCJ) in Council Bluffs, Iowa, from April 23 to 25, 2024.¹ This inspection focused on the standards found deficient during ODO’s last inspection of PCJ from October 31 to November 2, 2023. The facility opened in 1999 and is owned and operated by the Pottawattamie County Sheriff’s Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at PCJ in 2006 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 contract, which does not specify an ICE National Detention Standard (NDS), and ODO inspected to the NDS listed on the ERO Custody Management Division Authorized Facility List as of April 8, 2024. PCJ was inspected against the NDS 2019, and ODO’s assigned rating is for ERO’s informational purposes only.

[REDACTED]

[REDACTED] A Pottawattamie County Sheriff’s captain handles daily facility operations and manages [REDACTED] support personnel. Aramark provides food services, Pottawattamie County 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 April 23, 2024)	[REDACTED]
Adult Female Population (as of April 23, 2024)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 34 deficiencies in the following areas: Admission and Release (2); Custody Classification System (5); Environmental Health and Safety (5); Facility Security and Control (1); Funds and Personal Property (3); Hunger Strikes (1); Medical Care (4); Post Orders (3); Significant Self-Harm and Suicide Prevention and Intervention (4); and Special Management Unit (6).

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 April 8, 2024.

³ *Ibid.*

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) 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.

In FY 2022, ODO began conducting special reviews of under 72-hour ICE detention facilities with an ADP of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1 to 9 detainees. Additionally, ODO began conducting 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; however, for facilities that are not contractually obligated to an ICE NDS, those ratings will be for ERO’s informational purposes. ODO will conduct a complete review of several core standards, in accordance with the facility’s contractually required ICE NDS or in accordance with the ICE NDS listed in the current ERO Custody Management Division Authorized Facility List for facilities that are not contractually obligated to an ICE NDS, which may include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Significant Self-harm and Suicide Prevention and Intervention, Hunger Strikes, Food Service, Environmental Health and Safety, Special Management Units (SMU) or Hold Rooms (if the facility does not have an SMU), Use of Force and Restraints/Use of Physical Control Measures, and Sexual Abuse and Assault Prevention and Intervention.

Upon completion of each special review or unannounced 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 uniform corrective action plans (UCAPs); 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 ^{5,6,7}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	1
Facility Security and Control	1
Funds and Personal Property	1
Post Orders	3
Use of Force and Restraints	0
Special Management Units	2
Sub-Total	8
Part 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Hunger Strikes	1
Medical Care	3
Significant Self-Harm and Suicide Prevention and Intervention	2
Sub-Total	6
Part 5 - Activities	
Recreation	0
Visitation	1
Sub-Total	1
Part 6 - Justice	
Detainee Handbook	0
Sub-Total	0
Total Deficiencies	15

⁵ For greater detail on ODO's findings, see the *Unannounced Follow-Up 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.

⁷ During an unannounced inspection, ODO will review a facility's compliance with at least 10 individual standards; however, unannounced full inspections will include a review of the same standards as announced full inspections.

DETAINEE RELATIONS

ODO interviewed seven detainees, who each voluntarily agreed to participate. ODO requested to interview the 19 other detainees, but all declined the request. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concern listed below.

Environmental Health and Safety: One detainee stated detainees submitted multiple reports to facility staff for a slow shower drain in M Pod and there has been no follow-up action to repair it.

- Action Taken: On April 23, 2024, ODO spoke to a facility corrections officer (CO), and he stated he had no awareness of the issue. On April 24, 2024, ODO followed up with the CO, and the CO stated he found no submitted request or work order for the drain. On the same day, the CO submitted a work order and provided ODO with a copy (Work Order #: 0000007883). On April 25, 2024, ODO followed up with the detainee and the detainee confirmed the repair of the drain. ODO also followed up to check for proper drainage in the M Pod shower.

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO interviewed the facility booking sergeants, reviewed [REDACTED] detainee files, and found in [REDACTED] out of [REDACTED] files, the facility housed the detainees in their assigned housing units before the reviewing officer reviewed the intake officer's classification files to ensure the facility assigned the detainees to the correct housing unit (**Deficiency CCS-11⁸**). **This is a repeat deficiency.**

FACILITY SECURITY AND CONTROL (FSC)

ODO reviewed [REDACTED] legal visit logs and found in [REDACTED] out of [REDACTED] entries, the logs did not document the time of the visitors' departures (**Deficiency FSC-17⁹**). **This is a repeat deficiency.**

FUNDS AND PERSONAL PROPERTY (FPP)

ODO interviewed the facility booking sergeants, observed the property room on three occasions, and found the property room outer door was secured with a keypad lock that all facility staff had the code to and could access, and the interior property room door where the facility stored detainee

⁸ "Among other things, the reviewing officer shall ensure each detainee has been assigned to the appropriate housing unit." See ICE NDS 2019, Standard, Custody Classification System, Section (II)(B).

⁹ "Every entry in the logbook will identify the person visiting; the person or department visited; date and time of visitor's arrival; purpose of visit; and time of departure." See ICE NDS 2019, Standard, Facility Security and Control, Section (II)(C)(2)(b).

property was propped open and unsecure (**Deficiency FPP-1**¹⁰). **This is a priority component.**

POST ORDERS (PO)

ODO reviewed the facility POs and found the following deficiencies:

- No reference to circumstances and conditions to authorize use of firearms (**Deficiency PO-10**¹¹);
- No reference to hostage situations (**Deficiency PO-11**¹²); and
- No reference to disregarding any order/directive issued by a hostage (**Deficiency PO-12**¹³).

SPECIAL MANAGEMENT UNIT (SMU)

ODO interviewed a facility sergeant, reviewed the detention files of █ detainees in administrative segregation (AS) during the inspection period, and found in █ out of █ files, the special housing unit officer did not consistently record whether the detainees ate meals in AS (**Deficiency SMU-65**¹⁴). **This is a repeat deficiency.**

ODO interviewed a facility sergeant, reviewed the detention files of █ detainees in AS during the inspection, and found in █ out of █ files, a health care professional did not evaluate the detainees prior to placement in AS (**Deficiency SMU-87**¹⁵). **This is a priority component.**

CARE

HUNGER STRIKES (HS)

ODO reviewed █ medical staff training records and found in █ out of █ records, no initial nor annual training to recognize signs of a hunger strike (**Deficiency HS-1**¹⁶). **This is a repeat**

¹⁰ “The facility shall provide a secure area, accessible only by designated supervisors and/or property officers, to hold detainee property, valuables, and foreign currency.” See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(A).

¹¹ “Post orders for armed and perimeter-access post assignments will, among other things, describe and explain: ...
2. Circumstances and conditions when use of firearms is authorized.”

See ICE NDS 2019, Standard, Post Orders, Section (II)(D)(1-2).

¹² “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).

¹³ “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).

¹⁴ “The special housing unit officer shall immediately record:

1) Whether the detainee ate, showered, recreated and took any medication;”

See ICE NDS 2019, Standard, Special Management Unit, Section (II)(D)(2)(a)(1-2).

¹⁵ “Detainees must be evaluated by a health care professional prior to placement in an SMU (or when that is infeasible, as soon as possible and no later than within 24 hours of placement).” See ICE NDS 2019, Standard, Special Management Unit, Section (II)(M).

¹⁶ “All staff shall be trained initially and annually thereafter to recognize the signs of a hunger strike, and to implement

deficiency.

MEDICAL CARE (MC)

ODO interviewed the facility health services administrator; reviewed █ detainee medical files, █ correctional staff training records, and █ health care staff training records; and found the following deficiencies:

- In █ out of █ detainee medical files, no comprehensive health assessment by the facility, including a physical examination and mental health screening on each detainee within 14 days of arrival (**Deficiency MC-27¹⁷**). **This is a priority component;**
- In █ out of █ detainee medical files, no provider’s review of a physical examination conducted by a non-provider (**Deficiency MC-29¹⁸**); and
- In █ out of █ staff training records, no facility staff training to respond to health-related emergencies within a 4-minute response time (**Deficiency MC-57¹⁹**). **This is a priority component.**

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

ODO reviewed █ medical staff training records and found in █ out of █ records, no documented, annual suicide prevention refresher training (**Deficiency SSHSPI-2²⁰**). **This is a priority component.**

ODO reviewed the medical record of █ detainee on suicide watch for approximately 25 hours and found 1 instance where 14.5 hours passed between mental health staff welfare checks of the detainee (**Deficiency SSHSPI-22²¹**). **This is a repeat deficiency.**

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).

¹⁷ “The facility will conduct and document a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee’s arrival at the facility.” See ICE NDS 2019, Standard, Medical Care, Section (II)(E).

¹⁸ “When a physical examination is not conducted by a provider, it must be reviewed by a provider.” See ICE NDS 2019, Standard, Medical Care, Section (II)(E).

¹⁹ “Detention staff and health care staff will be trained to respond to health-related emergencies within a 4-minute response time.” See ICE NDS 2019, Standard, Medical Care, Section (II)(K).

²⁰ “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).

²¹ “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

VISITATION (V)

ODO interviewed a facility booking sergeant and found the facility does not document contact visitation strip searches (**Deficiency V-27**²²).

CONCLUSION

During this unannounced follow-up compliance inspection, ODO assessed the facility's compliance with 16 standards under NDS 2019 and found the facility in compliance with 7 of those standards. ODO found 15 deficiencies in the remaining 9 standards. Since PCJ's last full inspection in November 2023, the facility has trended upward. PCJ went from 10 deficient standards and 34 deficiencies in November 2023 to 9 deficient standards and 15 deficiencies during this most recent follow-up inspection, which includes 5 priority component deficiencies and 5 repeat deficiencies. ODO received a completed UCAP for the facility's last ODO inspection in November 2023, which likely resolved most of the deficiencies ODO identified during the November 2023 inspection. However, five previously cited deficiencies remain unresolved. 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 2024 Full Inspection (NDS 2019)	FY 2024 Follow-Up Inspection (NDS 2019)
Standards Reviewed	24	16
Deficient Standards	10	9
Overall Number of Deficiencies	34	15
Priority Component Deficiencies	3	5
Repeat Deficiencies	0	5
Areas Of Concern	1	0
Corrective Actions	0	0
Facility Rating	Acceptable	N/A

²² "The facility must document all strip searches that are performed based on such policy" *See* ICE NDS 2019, Standard, Visitation, Section (II)(F)(3).