

# Office of Professional Responsibility

## Pottawattamie County Jail Inspection 2025-001-001

October 22-24, 2024



U.S. Immigration  
and Customs  
Enforcement



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

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**Office of Detention Oversight  
Compliance Inspection  
2025-001-001**

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

**Pottawattamie County Jail  
Council Bluffs, Iowa**


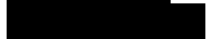
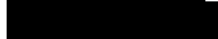
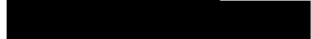
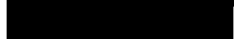
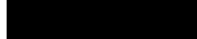
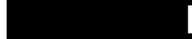
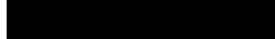

**October 22-24, 2024**

**COMPLIANCE INSPECTION  
of the  
POTTAWATTAMIE COUNTY JAIL  
Council Bluffs, Iowa**

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## COMPLIANCE INSPECTION TEAM MEMBERS

	Team Lead	ODO
	Senior Inspections and Compliance Specialist	ODO
	Senior Inspections and Compliance Specialist	ODO
	Senior Inspections and Compliance Specialist	ODO
	Senior Inspections and Compliance Specialist	ODO
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	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 Pottawattamie County Jail (PCJ) in Council Bluffs, Iowa, from October 22 to 24, 2024.<sup>1</sup> 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 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). ODO inspected PCJ against the NDS 2019 which is the NDS listed on the ERO Custody Management Division Authorized Facility List as of October 21, 2024. ODO's assigned rating is for ERO's informational purposes only.

[REDACTED] A PCJ jail administrator handles daily facility operations and manages [REDACTED] support personnel. Aramark provides food services, Pottawattamie County provides medical care, and Stellar Services 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 <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of October 22, 2024)	[REDACTED]
Adult Female Population (as of October 22, 2024)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 34 deficiencies in the following areas: Admission and Release (2); Environmental Health and Safety (5); Custody Classification System (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).

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

<sup>2</sup> Data Source: ERO Custody Management Division Authorized Facility List as of October 21, 2024.

<sup>3</sup> *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.<sup>4</sup>

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.

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<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected <sup>5,6</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Environmental Health and Safety	0
Transportation by Land	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Use of Force and Restraints	0
Special Management Units	7
Staff-Detainee Communication	2
Sexual Abuse and Assault Prevention and Intervention	0
<b>Sub-Total</b>	<b>9</b>
<b>Part 3 - Order</b>	
Disciplinary System	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 4 - Care</b>	
Food Service	0
Medical Care	2
Significant Self-Harm and Suicide Prevention and Intervention	0
Terminal Illness and Death	0
Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 5 - Activities</b>	
Recreation	1
Telephone Access <sup>7</sup>	1
Visitation	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 6 - Justice</b>	
Detainee Handbook	1
Grievance System	0

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

<sup>6</sup> 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.

<sup>7</sup> ODO identified a deficiency under the Telephone Access standard but did not review the Telephone Access standard in its entirety.

Legal Rights Group Presentations	0
<b>Sub-Total</b>	<b>1</b>
<b>Total Deficiencies</b>	<b>14</b>

## DETAINEE RELATIONS

ODO interviewed 15 detainees, who each voluntarily agreed to participate. ODO requested interviews with 12 additional detainees; however, all 12 detainees declined ODO’s requests for an interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services.

## COMPLIANCE INSPECTION FINDINGS

### SECURITY

#### STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed ICE visitation logs from April 26 to October 15, 2024, and found the only entries confirming ICE visits were on June 21, July 15, August 12, and October 7, 17, and 21. ODO considers this inconsistency of confirmed ICE visits to be an **Area of Concern**.

ODO reviewed 63 detainee requests and found in 3 out of 63 requests, facility staff did not record the dates of the forwarding detainee requests; therefore, facility staff could not provide a log to support a 24-hour ERO Saint Paul’s return response. ODO cited this as an **Area of Concern**.

ODO reviewed 63 detainee requests and found in 3 out of 63 requests, facility staff did not record the date of forwarding the request to ERO Saint Paul nor the date of the return of the request to the facility (**Deficiency SDC-19**<sup>8</sup>).

ODO reviewed the facility-specific detainee handbook, toured five detainee housing units, and found PCJ did not provide detainees with the contact information nor a schedule of availability for ERO Saint Paul staff (**Deficiency SDC-22**<sup>9</sup>).

#### SPECIAL MANAGEMENT UNITS (SMU)

ODO interviewed a facility sergeant, reviewed ■ disciplinary segregation (DS) files, and found in ■ out of ■ files, no written order completed nor signed by the disciplinary hearing officer prior to the detainees’ placement in DS (**Deficiency SMU-38**<sup>10</sup>).

<sup>8</sup> “The date the request was forwarded to ICE/ERO and the date it was returned shall be recorded.” See ICE NDS 2019, Standard, Staff-Detainee Communication, Section (II)(C)(2).

<sup>9</sup> “The facility shall provide contact information for ICE/ERO and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees at the facility.” See ICE NDS 2019, Standard, Staff-Detainee Communication, Section (II)(C)(4).

<sup>10</sup> “A written order shall be completed and signed by the chair of the IDP (or disciplinary hearing officer) before a



ODO interviewed a facility sergeant, reviewed █ DS files, and found in █ out of █ files, no documented date nor time of the detainees' release from DS by the facility's releasing officer (**Deficiency SMU-42**.<sup>11</sup>).

ODO interviewed a facility sergeant and health service administrator, reviewed the detention files of █ detainees housed in the SMU during the inspection period, and found the following deficiencies:

- In █ out of █ files, no documentation of when detainees ate or showered, and in █ out of █ files, no documentation of detainees recreating (**Deficiency SMU-65**.<sup>12</sup>). **This is a repeat deficiency;**
- In █ out of █ files, no completed nor signed SMU medical visit records (**Deficiency SMU-67**.<sup>13</sup>);
- In █ out of █ files, detainees housed in SMU between 2 and 30 days had 155 instances in which staff logged observations between 31 minutes and 4 hours (**Deficiency SMU-84**.<sup>14</sup>). **This is a priority component;**
- In █ out of █ files, a health care professional did not evaluate the detainees prior to placement in the SMU (**Deficiency SMU-87**.<sup>15</sup>). **This is a repeat deficiency and a priority component;** and
- In █ out of █ files, no documented face-to-face medical assessments of detainees while in SMU between 2 days to 7 days (**Deficiency SMU-89**.<sup>16</sup>).

## CARE

### MEDICAL CARE (MC)

ODO reviewed the medical records of █ detainees and found in █ out of █ records, facility medical staff did not obtain signed nor dated consent forms from the detainees prior to providing nonemergency medical examinations or treatment (**Deficiency MC-92**.<sup>17</sup>). **This is a priority**

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detainee is placed into disciplinary segregation.” See ICE NDS 2019, Standard, Special Management Units, Section (II)(B)(2).

<sup>11</sup> “When the detainee is released from disciplinary segregation, the releasing officer shall indicate the date and time of release on the disciplinary segregation order.” See ICE NDS 2019, Standard, Special Management Units, Section (II)(B)(2)(c).

<sup>12</sup> “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 Units, Section (II)(D)(2)(a)(1-2).

<sup>13</sup> “The facility medical staff shall sign each individual’s record when the medical staff member visits a detainee in the SMU.” See ICE NDS 2019, Standard, Special Management Units, Section (II)(D)(2)(b).

<sup>14</sup> “SMU staff shall observe and log observations at least every 30 minutes on an irregular schedule.” See ICE NDS 2019, Standard, Special Management Units, Section (II)(K).

<sup>15</sup> “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 Units, Section (II)(M).

<sup>16</sup> “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 Units, Section (II)(M).

<sup>17</sup> “The facility health care practitioner will obtain specific signed and dated consent forms from all detainees before

**component.**

ODO reviewed the medical records of █ detainees prescribed psychotropic medications and found in █ out of █ records, medical staff did not obtain separate documented informed consent forms that included a description of the medications' side effects prior to administering (**Deficiency MC-93<sup>18</sup>**). **This is a repeat deficiency and a priority component.**

## **ACTIVITIES**

### **RECREATION (R)**

ODO reviewed █ detainee SMU files and found in █ out of █ files, facility staff did not record whether the detainees received recreation at least 1 hour per day, 5 days per week (**Deficiency R-15<sup>19</sup>**). **This is a priority component.**

ODO interviewed the facility's jail administrator and found while the facility never denied detainees recreation privileges during the inspection period, facility policy states a facility supervisor, not the facility administrator, provides the written authorization to deny detainee recreation. ODO notes this procedure as an **Area of Concern**.

### **TELEPHONE ACCESS (TA)**

ODO did not review the TA standard in its entirety; however, ODO toured five detainee housing units and observed in units C, D, F, and J, no posted consulate list. Additionally, ODO observed in housing unit M, a posted consulate list, dated September 19, 2018 (**Deficiency TA-12<sup>20</sup>**).

## **JUSTICE**

### **DETAINEE HANDBOOK (DH)**

ODO reviewed the facility-specific detainee handbook and found the handbook did not include information about the facility's restricted areas (**Deficiency DH-2<sup>21</sup>**). **This is a priority component.**

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any medical examination or treatment, except in emergency circumstances." *See* ICE NDS 2019, Standard, Medical Care, Section (II)(O).

<sup>18</sup> "Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medications side effects, shall be obtained." *See* ICE NDS 2019, Standard, Medical Care, Section (II)(O).

<sup>19</sup> "Detainees in the SMU shall be offered at least one hour of recreation per day, scheduled at a reasonable time, at least five days per week." *See* ICE NDS 2019, Standard, Recreation, Section (II)(D).

<sup>20</sup> "ICE/ERO headquarters shall maintain and provide Field Offices a list of telephone numbers for current free legal service providers, consulates and embassies, and the Department of Homeland Security's (DHS) Office of the Inspector General (OIG), and the ICE/ERO DRIL." *See* ICE NDS 2019, Standard, Telephone Access, Section (II)(E).

<sup>21</sup> "The facility handbook will specify in detail the rules, regulations, policies, and procedures with which every detainee must comply and include information about available services such as: ... restricted areas." *See* ICE NDS 2019, Standard, Detainee Handbook, Section (II)(B).

## GRIEVANCE SYSTEM (GS)

ODO interviewed the facility jail administrator and found the facility’s practice is to log and maintain detainee grievances electronically for an indefinite period. However, the facility’s GS policy indicates grievances will only be maintained throughout the detainees’ period of incarceration. ODO considers the inconsistency between practice and policy to be an **Area of Concern**.

## CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 22 standards under NDS 2019 and found the facility in compliance with 16 of those standards. ODO found 14 deficiencies in the remaining 6 standards. Since PCJ’s last rated inspection in October 2023, the facility’s compliance with the NDS 2019 trended upwards. PCJ went from 10 deficient standards and 34 deficiencies in October 2023 to 6 deficient standards and 14 deficiencies during this most recent inspection. ODO identified 11 out of 14 deficiencies in the SDC and SMU standards. ODO received the UCAP for ODO’s last full inspection of PCJ in October 2023, which likely resolved most deficiencies ODO previously cited; however, ODO cited 3 repeat deficiencies during this inspection. ODO recommends ERO Saint Paul continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2024 Full Inspection (NDS 2019)</b>	<b>FY 2025 Full Inspection (NDS 2019)</b>
Standards Reviewed	24	22
Deficient Standards	10	6
Overall Number of Deficiencies	34	14
Priority Component Deficiencies	3	6
Repeat Deficiencies	0	3
Areas Of Concern	2	4
Corrective Actions	0	0
Facility Rating	Acceptable/Adequate	Acceptable/Adequate



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