

Office of Professional Responsibility

Polk County Jail (Des Moines, IA)

Compliance Inspection 2025-001-052

February 4-6, 2025



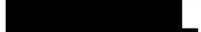
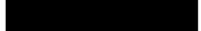
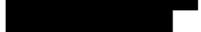
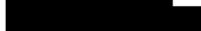
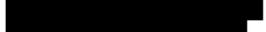
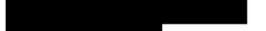
U.S. Immigration
and Customs
Enforcement

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

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COMPLIANCE INSPECTION TEAM MEMBERS

	Team Lead	ODO
	Senior Inspections and Compliance Specialist	ODO
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	Inspections and Compliance Specialist	ODO
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	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 Polk County Jail (Des Moines, IA) (PCJ) in Des Moines, Iowa, from February 4 to 6, 2025.¹ 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 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 February 3, 2025. ODO's assigned rating is for ERO's informational purposes only.

[REDACTED] A jail administrator handles daily facility 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 August 2024. In July 2024, 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 4, 2025)	[REDACTED]
Adult Female Population (as of February 4, 2025)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 20 deficiencies in the following areas: Custody Classification System (2); Environmental Health and Safety (1); Facility Security and Control (2); Food Service (1); Hunger Strikes (1); Medical Care (3); Post Orders (2); Religious Practices (1); Sexual Abuse and Assault Prevention and Intervention (1); Significant Self-Harm and Suicide Prevention and Intervention (4); and Special Management Units (2).

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 February 3, 2025.

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
Transportation by Land	0
Sub-Total	1
Part 2 - Security	
Admission and Release	0
Custody Classification System	2
Funds and Personal Property	1
Hold Rooms in Detention Facilities	2
Use of Force and Restraints	0
Special Management Units	0
Staff-Detainee Communication	2
Sexual Abuse and Assault Prevention and Intervention	4
Sub-Total	11
Part 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Medical Care	6
Personal Hygiene ⁷	2
Significant Self-Harm and Suicide Prevention and Intervention	2
Terminal Illness and Death	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	10
Part 5 - Activities	
Recreation	0
Visitation	3
Sub-Total	3
Part 6 - Justice	
Detainee Handbook	0
Grievance System	1
Legal Rights Group Presentations	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.

⁷ The deficiency cited under the Personal Hygiene (PH) standard was identified during the inspection. The PH standard was not reviewed in its entirety.

Sub-Total	1
Total Deficiencies	26

DETAINEE RELATIONS

ODO interviewed 28 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 concern listed below.

Personal Hygiene: All detainees stated the facility provided only a toothbrush and toothpaste as personal hygiene items.

- **Action Taken:** ODO interviewed a facility intake officer, observed the intake process, and found the facility did not provide detainees a comb nor a container of skin lotion. ODO informed the facility of the requirement, but PCJ made no changes during the inspection. ODO cited this as a deficiency in the *Personal Hygiene* section of this report.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed the facility’s emergency plans and found they did not include procedures for detainees with disabilities to ensure their safety and security during a facility response (**Deficiency EHS-25**⁸). **This is a repeat deficiency.**

SECURITY

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO interviewed a detention officer, reviewed █ detainee files, and found in █ out of █ files, a supervisor did not review each detainee’s classification (**Deficiency CCS-6**⁹). **This is a repeat deficiency.**

ODO interviewed a detention officer, reviewed █ detainee files, and found in █ out of █ files, a reviewing officer did not ensure each detainee was assigned to the appropriate housing unit (**Deficiency CCS-11**¹⁰). **This is a repeat deficiency.**

⁸ “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).

⁹ “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).

¹⁰ “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).

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed inventories of detainee baggage and other non-valuable property and found the facility did not conduct an inventory in the 4th quarter of 2024 (**Deficiency FPP-19**¹¹).

HOLD ROOMS IN DETENTION FACILITIES (HRDF)

ODO inspected the facility's hold rooms and found that the facility did not post the maximum room capacity outside the hold rooms (**Deficiency HRDF-5**¹²).

ODO inspected the facility's hold rooms and found the following issues:

- The female hold room in the initial intake area has bench seating with an unobstructed view of the toilet;
- The male hold room in the initial intake area has bench seating with an unobstructed view of the toilet; and
- There are two, eight-person hold rooms in the booking area that have bench seating with unobstructed views of the toilets (**Deficiency HRDF-9**¹³).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the facility handbook, inspected housing units South 5 and North 8, interviewed ERO Saint Paul staff, and found the facility did not provide contact information for ERO Saint Paul (**Deficiency SDC-22**¹⁴). **This is a repeat deficiency.**

ODO inspected housing units South 5 and North 8, interviewed ERO Saint Paul staff, and found the facility did not provide contact information for ERO Saint Paul personnel (**Deficiency SDC-23**¹⁵).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO interviewed the facility's PREA manager, reviewed [REDACTED] detainee files, and found in [REDACTED] out of [REDACTED] files; the facility did not maintain documentation of detainee participation in the SAAPI program instruction session (**Deficiency SAAPI-45**¹⁶).

¹¹ "An inventory of detainee baggage and other non-valuable property will be conducted by the facility administrator or designee at least once each quarter." *See* ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(D).

¹² "Hold rooms will contain sufficient seating for the maximum room capacity, which shall be posted outside the hold room." *See* ICE NDS 2019, Standard, Hold Rooms in Detention Facilities, Section (II)(A)(4).

¹³ "Hold rooms with toilets shall allow for an appropriate amount of privacy." *See* ICE NDS 2019, Standard, Hold Rooms in Detention Facilities, Section (II)(A)(6).

¹⁴ "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).

¹⁵ "Contact information shall be updated quarterly or more frequently as necessary to reflect changes in ICE/ERO personnel." *See* ICE NDS 2019, Standard, Staff-Detainee Communication, Section (II)(C)(4).

¹⁶ "The facility shall maintain documentation of detainee participation in the instruction session." *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(F).

ODO reviewed the facility handbook, inspected postings in housing units South 5, South 6, South 7, and North 8, and found the facility did not provide detainees with the name and contact information of the SAAPI program coordinator (**Deficiency SAAPI-48¹⁷**). **This is a repeat deficiency.**

ODO inspected housing units South 5, South 6, South 7, and North 8 and found in four out of four units, the facility did not post the most current ICE/ERO-provided, sexual abuse and assault awareness notice nor the name of the SAAPI compliance manager (**Deficiency SAAPI-52¹⁸**). **This is a repeat deficiency.**

ODO inspected housing units South 5, South 6, South 7, and North 8 and found in four out of four units, the facility did not post the most current ICE/ERO sexual abuse and assault awareness notice in English (**Deficiency SAAPI-54¹⁹**).

CARE

MEDICAL CARE (MC)

ODO reviewed [REDACTED] detainee medical records and found the following deficiencies:

- In [REDACTED] out of [REDACTED] records, medical staff conducted initial medical, dental, and mental health screenings between 13 and 173 hours after arrival (**Deficiency MC-12²⁰**). **This is a priority component;**
- In [REDACTED] out of [REDACTED] records, medical staff sent detainees responding in the affirmative for evaluation between 3 and 11 working days (**Deficiency MC-14²¹**). **This is a priority component;** and

¹⁷ “The facility shall provide detainees with the name of the program coordinator or designated staff member and information on how to contact him or her.” See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(F)(1).

¹⁸ “ICE/ERO will provide a sexual abuse and assault awareness notice to be posted on all housing-unit bulletin boards, as well as a “Sexual Assault Awareness Information” pamphlet to be distributed. The facility shall post with this notice the name of the facility PSA Compliance Manager and information about local organizations that can assist detainees who have been victims of sexual abuse and assault, including mailing addresses and telephone numbers (including toll-free hotline numbers where available).” See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(F)(3).

¹⁹ “ICE/ERO will provide a sexual abuse and assault awareness notice to be posted on all housing-unit bulletin boards, as well as a “Sexual Assault Awareness Information” pamphlet to be distributed ... This information will be provided in English and Spanish, and to other segments of the detainee population with limited English proficiency through translations or oral interpretation.” See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(F)(3).

²⁰ “As soon as possible, but no later than 12 hours after arrival, all detainees shall receive, by a health care practitioner or a specially trained detention officer, an initial medical, dental and mental health screening and be asked for information regarding any known acute, emergent, or pertinent past or chronic medical conditions, including history of mental illness, particularly prior suicide attempts or current suicidal/homicidal ideation or intent, and any disabilities or impairments affecting major life activities.” See ICE NDS 2019, Standard, Medical Care, Section (II)(D).

²¹ “As soon as possible, but no later than 12 hours after arrival, all detainees shall receive, by a health care practitioner or a specially trained detention officer, an initial medical, dental and mental health screening and be asked for information regarding any known acute, emergent, or pertinent past or chronic medical conditions, including history of mental illness, particularly prior suicide attempts or current suicidal/homicidal ideation or intent, and any disabilities

- In [REDACTED] out of [REDACTED] records, premature reading of tuberculosis screening results between 43 and 47.5 hours after injection (**Deficiency MC-18**.²²). **This is a repeat deficiency and a priority component.**

ODO reviewed [REDACTED] medical staff training records and [REDACTED] detainee medical records and found in [REDACTED] out of [REDACTED] files for both types of records, no documented, annual physician-provided training on performing health assessments for registered nurses in the past 14 months (**Deficiency MC-28**.²³). **This is a repeat deficiency.**

ODO reviewed [REDACTED] non-dental clinicians' training records and [REDACTED] detainee medical records and found in [REDACTED] out of [REDACTED] files for both types of records, no documented, annual dentist-provided training on initial dental screenings for non-dental clinicians in the past 14 months (**Deficiency MC-45**.²⁴). **This is a repeat deficiency.**

ODO reviewed [REDACTED] detainee medical records and found in [REDACTED] out of [REDACTED] records; medical staff administered psychotropic medications without obtaining a separate informed consent form (**Deficiency MC-93**.²⁵). **This is a priority component.**

ODO inspected 5 epinephrine and 4 glucagon pens and found in 5 out of 5 epinephrine pens, the pens expired in February 2024 and in 4 out of 4 glucagon pens, the pens expired in June 2023. ODO noted this issue as an **Area of Concern**.

PERSONAL HYGIENE (PH)

ODO interviewed a facility intake officer, observed the intake process, and found the facility did not provide detainees a comb nor a container of skin lotion (**Deficiency PH-14**.²⁶).

or impairments affecting major life activities. Any detainee responding in the affirmative shall be sent for evaluation to a qualified, licensed health care practitioner as quickly as possible, but no later than two working days." See ICE NDS 2019, Standard, Medical Care, Section (II)(D).

²² "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).

²³ "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).

²⁴ "If no on-site dentist is available, the initial dental screening may be performed by a physician, physician assistant, nurse practitioner, or registered nurse. 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).

²⁵ "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).

²⁶ "Each detainee shall receive, at a minimum, the following items: ...
 2. One comb or equivalent; and
 6. One container of skin lotion."

See ICE NDS 2019, Standard, Personal Hygiene, Section (II)(F)(2 and6).

ODO observed housing units South 5, South 6, South 7, and North 8 and found in four out of four units, no privacy barrier between the detainees' toilets and common walkways in the general population areas (**Deficiency PH-18**²⁷).

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

ODO reviewed [REDACTED] medical staff training records and found in [REDACTED] out of [REDACTED] records, medical staff did not receive annual comprehensive suicide prevention training within the past 14 months (**Deficiency SSHSPI-2**²⁸). **This is a repeat deficiency and a priority component.**

ODO reviewed [REDACTED] detainee medical records and found in [REDACTED] out of [REDACTED] records, medical staff conducted an initial mental health screening between 13 and 173 hours (**Deficiency SSHSPI-5**²⁹). **This is a repeat deficiency and a priority component.**

ACTIVITIES

VISITATION (V)

ODO reviewed the visitor log and found the facility does not maintain a separate log of all general visitors and a separate log of legal visitors (**Deficiency V-7**³⁰).

ODO reviewed the facility's visitation policy and found no procedures providing for the exchange of documents between detainee and legal representative (**Deficiency V-58**³¹).

ODO reviewed the visitor log and found the facility does not maintain a separate log to record all legal visitors (**Deficiency V-72**³²).

²⁷ "Detainees shall be provided with a reasonably private bathing and toileting environment in accordance with safety and security needs." *See* ICE NDS 2019, Standard, Personal Hygiene, Section (II)(G).

²⁸ "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).

²⁹ "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).

³⁰ "The facility shall maintain a log of all general visitors, and a separate log of legal visitors as described below." *See* ICE NDS 2019, Standard, Visitation, Section (II)(C).

³¹ "The facility's written legal visitation procedures must provide for the exchange of documents between detainee and legal representative (or legal assistant) even when contact visitation rooms are unavailable." *See* ICE NDS 2019, Standard, Visitation, Section (II)(G)(9).

³² "A separate log shall record all legal visitors, including those denied access to the detainee." *See* ICE NDS 2019, Standard, Visitation, Section (II)(G)(14).

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed 2 grievances and found in both grievances, facility staff responded between 26 and 33 business days (**Deficiency GS-15**³³).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 22 standards under NDS 2019 and found the facility in compliance with 11 of those standards. ODO found 26 deficiencies in the remaining 11 standards. Since PCJ's last rated inspection in February 2024, the facility's compliance with the NDS 2019 has trended downward. PCJ went from 20 deficiencies in 11 standards in February 2024 to 26 deficiencies in 11 standards during this most recent inspection, which included 11 repeat deficiencies and 3 priority component deficiencies. ODO did not receive a completed uniform corrective action plan for its last rated inspection of PCJ in February 2024, so ODO could not assess what impact the corrective actions had on the facility's overall compliance with NDS 2019. ODO recommends ERO Saint Paul continue to work with the facility to resolve the remaining deficiencies in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2024 Full Inspection (NDS 2019)	FY 2025 Full Inspection (NDS 2019)
Standards Reviewed	24	22
Deficient Standards	11	11
Overall Number of Deficiencies	20	26
Priority Component Deficiencies	4	6
Repeat Deficiencies	0	11
Areas Of Concern	1	1
Corrective Actions	0	0
Facility Rating	Acceptable/Adequate	Failure

³³ "Barring extraordinary circumstances, grievances shall be addressed within five business days." See ICE NDS 2019, Standard, Grievance System, Section (II)(A)(2)(a).



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