

Office of Professional Responsibility

Polk County Jail (Des Moines, IA) Inspection (2024-005-421)

September 26, 2024



U.S. Immigration
and Customs
Enforcement



U.S. Department of Homeland Security
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Office of Professional Responsibility
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Office of Detention Oversight
Unannounced Follow-Up Compliance
Inspection
2024-005-421

Enforcement and Removal Operations
ERO Saint Paul Field Office

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

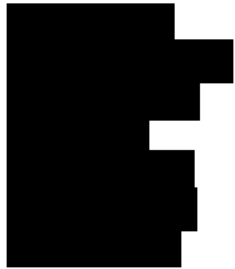
July 30-August 1, 2024

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

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**UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION
TEAM MEMBERS**



Acting Team Lead	ODO
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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 Polk County Jail (Des Moines, IA) (PCJ) in Des Moines, Iowa, from July 30 to August 1, 2024.¹ This inspection focused on the standards found deficient during ODO’s last inspection of PCJ from February 6 to 8, 2024. 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), and ODO inspected to the NDS listed on the ERO Custody Management Division Authorized Facility List as of August 5, 2024. PCJ was inspected against the NDS 2019, and ODO’s assigned rating is for ERO’s informational purposes only.

[REDACTED] A warden 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 June 2008. 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 July 30, 2024)	[REDACTED]
Adult Female Population (as of July 30, 2024)	[REDACTED]

During its last full 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); Religious Practices (1); Post Orders (2); Sexual Abuse and Assault Prevention and Intervention (1); Significant Self-Harm and Suicide Prevention and Intervention (4); and Special Management Unit (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 August 5, 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 detainees, and where detainees are housed for longer than 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all over 72-hour ICE detention facilities with an ADP of 10 or more detainees that ODO conducted a full inspection of earlier in the FY.⁴

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which may include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's uniform corrective action plan (UCAP), and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

In FY 2022, ODO began conducting unannounced inspections of ICE detention facilities, ensuring each facility subject to biannual inspections receives an unannounced inspection at least once every 3 years. 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 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	1
Sub-Total	1
Part 2 – Security	
Admission and Release	0
Custody Classification System	4
Facility Security and Control	1
Funds and Personal Property	1
Post Orders	1
Use of Force and Restraints	0
Special Management Units	0
Staff-Detainee Communication	1
Sexual Assault and Abuse Prevention and Intervention	2
Sub-Total	10
Part 4 – Care	
Food Service	0
Hunger Strikes	0
Medical Care	1
Significant Self-Harm and Suicide Prevention and Intervention	0
Sub-Total	1
Part 5 – Activities	
Religious Practices	1
Sub-Total	1
Part 6 – Justice	
Grievance System	0
Sub-Total	0
Total Deficiencies	13

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 six detainees, who each voluntarily agreed to participate. ODO requested interviews with 23 additional detainees; however, all 23 detainees declined ODO's request for an interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with the facility services except for the concerns listed below.

Medical Care: One detainee stated he had not received his prescribed medication.

- Action Taken: ODO met with the facility's health services administrator (HSA) and confirmed medical staff examined the detainee on July 29, 2024, and prescribed melatonin (10 mg) to be given during pill call. ODO confirmed the detainee's receipt of the medication and asked facility medical staff to educate the detainee on the medical procedures for obtaining prescription medications. The detainee acknowledged the explanation facility medical staff provided.

Grievance System: One detainee stated he lost his kiosk privilege because of a grievance he filed against the facility approximately 15 to 20 days ago.

- Action Taken: ODO informed ERO staff of the detainee's complaint and reviewed grievance and request logs from both ERO Saint Paul and the facility. The detainee made four total requests, three with ICE and one with the facility. The detainee submitted his first request regarding the facility work program on June 29, 2024, and facility staff responded 1 day later. The detainee submitted 3 other requests to ICE: 1 on July 11, 2024, and the other 2 on July 17, 2024. ODO found ERO Saint Paul, and facility staff responded to all requests in a timely manner and displayed no retaliation by denying the detainee his kiosk privileges. ODO found no documentation the detainee ever submitted a grievance. On August 1, 2024, ODO confirmed the detainee's access to the kiosk and requested a facility staff member ensure the detainee understood how to access the kiosk.

UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed facility staff, reviewed the EHS policy, and found the facility's emergency plans did not include procedures for evacuating detainees with disabilities (**Deficiency EHS-25⁸**). **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).

SECURITY

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO interviewed facility staff, reviewed facility staff training records for the █ staff members with assigned classification duties, and found in █ out of █ staff records, no documented completion of classification training (**Deficiency CCS-3⁹**).

ODO interviewed facility staff, reviewed █ detainee files and electronic classification forms, and found in █ out of █ detainee files, no review of the classification forms by a supervisor (**Deficiency CCS-6¹⁰**). **This is a repeat deficiency.**

ODO interviewed facility staff, reviewed █ detainee files, and found in █ out of █ files, no supervisor reviewed the housing unit assignments (**Deficiency CCS-11¹¹**).

ODO interviewed facility staff, reviewed the CCS policy, the electronic classification tool, and the site-specific handbook (January 26, 2021), and found the facility did not include an explanation of the classification levels with the applicable conditions and restrictions (**Deficiency CCS-30¹²**). **This is a repeat deficiency.**

FACILITY SECURITY AND CONTROL (FSC)

ODO interviewed facility staff, reviewed the FSC and special management units (SMU) policies, and found PCJ does not have written policy and procedures to secure the SMU from contraband (**Deficiency FSC-29¹³**). **This is a repeat deficiency.**

FUNDS AND PERSONAL PROPERTY (FPP)

ODO interviewed facility staff, reviewed █ detainee files, and found in █ out of █ detainee files, facility staff stored the detainees' identification documents with their stored personal property, made no copies for the detention file, and did not forward the identity documents to ERO Saint Paul (**Deficiency FPP-10¹⁴**).

⁹ "All officers assigned to classification duties shall be trained in the facility's classification process." *See* ICE NDS 2019, Standard, Custody Classification System, Section (II)(A)(2).

¹⁰ "A supervisor will review each detainee's classification." *See* ICE NDS 2019, Standard, Custody Classification System, Section (II)(A)(4).

¹¹ "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).

¹² "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)(1-2).

¹³ "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).

¹⁴ "Identity documents, such as passports, birth certificates, etc., shall be copied for the detention file, and the original forwarded to ICE/ERO." *See* ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(B)(2).

POST ORDERS (PO)

ODO interviewed facility staff, reviewed the PO policy, and found facility officers did not sign nor date the PO prior to assuming a post to acknowledge understanding its provisions (**Deficiency PO-7¹⁵**). **This is a repeat deficiency.**

STAFF-DETAINEE COMMUNICATION (SDC)

ODO toured seven housing units with assigned detainees and found in five out of seven units, the facility did not provide contact information for ERO Saint Paul nor the scheduled business hours and days for detainees to contact ERO staff (**Deficiency SDC-22¹⁶**).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO toured seven housing units and found staff did not provide detainees with the name of the facility's SAAPI program coordinator nor designated staff member and information on how to contact them (**Deficiency SAAPI-48¹⁷**).

ODO toured seven housing units and found the facility did not post the ICE/ERO sexual abuse and assault awareness notices on all housing unit bulletin boards, along with the name of the facility's prevention of sexual abuse compliance manager (**Deficiency SAAPI-52¹⁸**).

CARE

MEDICAL CARE (MC)

ODO interviewed the HSA, reviewed the facility's medical care policy and [REDACTED] detainee medical records, and found in [REDACTED] out of [REDACTED] records, facility medical staff prescribed detainees medication but did not document the quantity of the medication dispensed on the detainees' transfer summaries (**Deficiency MC-117¹⁹**).

¹⁵ "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).

¹⁶ "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).

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 "The facility shall ensure that, at a minimum, a seven-day supply of medication (or, in the case of TB medications, 15 days; and in the case of HIV/AIDS medications, 30 days) accompanies the detainee upon transfer from the facility, as ordered by the prescribing authority." See ICE NDS 2019, Standard, Medical Care, Section (II)(Q)(4).

ACTIVITIES

RELIGIOUS PRACTICES (RP)

ODO interviewed the facility’s chaplain, reviewed the facility’s religious practices policy and the site-specific handbook (January 26, 2021), and found facility staff did not permit the detainees to change their religious designation (**Deficiency RP-10²⁰**). **This is a repeat deficiency.**

CONCLUSION

During this 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 13 deficiencies in the remaining 9 standards. Since PCJ’s last full inspection in February 2024, the facility’s compliance with the ICE NDS 2019 trended upward. PCJ went from 11 standards and 20 deficiencies in February 2024 to 9 standards and 13 deficiencies during this most recent inspection, to include 6 repeat deficiencies. PCJ completed its UCAP for its last inspection in February 2024, which likely resolved 14 out of 20 previous deficiencies ODO cited; however, it did not resolve the repeat deficiencies found in EHS, CCS, FSC, PO, and RP. 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	11	9
Overall Number of Deficiencies	20	13
Priority Component Deficiencies	4	0
Repeat Deficiencies	0	6
Areas Of Concern	1	0
Corrective Actions	0	0
Facility Rating	Acceptable/Adequate	N/A

²⁰ “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).



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