



**U.S. Department of Homeland Security**

Immigration and Customs Enforcement

Office of Professional Responsibility

Inspections and Detention Oversight

Washington, DC 20536-5501

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**Office of Detention Oversight  
Compliance Inspection**

**Enforcement and Removal Operations**

**St. Paul Field Office**

**Marshall County Jail**

**Marshalltown, Iowa**

**March 17–19, 2015**

**COMPLIANCE INSPECTION  
MARSHALL COUNTY JAIL  
ERO ST. PAUL FIELD OFFICE**

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# INSPECTION PROCESS

The U.S. Immigration and Customs Enforcement (ICE), Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO) conducts broad-based compliance inspections to determine a detention facility's overall compliance with the applicable ICE National Detention Standards (NDS) or Performance-Based National Detention Standards (PBNDs), and ICE policies. ODO bases its compliance inspections around specific detention standards, also referred to as core standards, which directly affect detainee health, safety, and well-being. Inspections may also be based on allegations or issues of high priority or interest to ICE executive management.

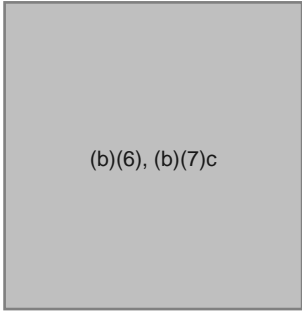
Prior to an inspection, ODO reviews information from various sources, including the Joint Intake Center (JIC), Enforcement and Removal Operations (ERO), detention facility management, and other program offices within the U.S. Department of Homeland Security (DHS). Immediately following an inspection, ODO hosts a closeout briefing at which all identified deficiencies are discussed in person with both facility and ERO field office management. Within days, ODO provides ERO a preliminary findings report, and later, a final report, to assist in developing corrective actions to resolve identified deficiencies.

## REPORT ORGANIZATION

ODO's compliance inspection reports provide executive ICE and ERO leadership with an independent assessment of the overall state of ICE detention facilities. They assist leadership in ensuring and enhancing the safety, health, and well-being of detainees and allow ICE to make decisions on the most appropriate actions for individual detention facilities nationwide.

ODO defines a deficiency as a violation of written policy that can be specifically linked to ICE detention standards, ICE policies, or operational procedures. Deficiencies in this report are highlighted in bold and coded using unique identifiers. Recommendations for corrective actions are made where appropriate. The report also highlights ICE's priority components, when applicable. Priority components have been identified for the 2008 and 2011 PBNDs; priority components have not yet been identified for the NDS. Priority components, which replaced the system of mandatory components, are designed to better reflect detention standards that ICE considers of critical importance. These components have been selected from across a range of detention standards based on their importance to factors such as health and safety, facility security, detainee rights, and quality of life in detention. Deficient priority components will be footnoted, when applicable. Comments and questions regarding this report should be forwarded to the Deputy Division Director, OPR ODO.

## INSPECTION TEAM MEMBERS



Management and Program Analyst (Team Lead)	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections

## EXECUTIVE SUMMARY

ODO conducted a compliance inspection of Marshall County Jail (MCJ) in Marshalltown, Iowa, from March 17 to 19, 2015. MCJ, which opened in 2000, is owned by Marshall County and operated by the Marshall County Sheriff's Office. ERO began housing detainees at MCJ in September 2000 under an Intergovernmental Service Agreement (IGSA) contract with the US Marshals Service. Male and female detainees of security classification levels (Level I through III) are detained at the facility for periods in excess of 72 hours. The inspection evaluated MCJ's compliance with the 2000 NDS.

The ICE ERO Field Office Director (FOD) in St. Paul, Minnesota, is responsible for ensuring facility compliance with the 2000

NDS and ICE policies. An Assistant Field Office Director (AFOD) in the Omaha, Nebraska sub-office has primary oversight responsibility at MCJ. No ICE personnel are stationed onsite at the facility. There is no ERO Detention Services Manager assigned to MCJ. MCJ had not signed a contract modification to

Capacity and Population Statistics	Quantity
Total Bed Capacity	182
ICE Detainee Bed Capacity	60
Average Daily Population	130
Average ICE Detainee Population	25
Average Length of Stay (Days)	21
Male Detainee Population Count	24
Female Detainee Population Count	0

comply with the 2011 Sexual Abuse and Assault Prevention and Intervention (SAAPI) standard.

A Jail Administrator is responsible for oversight of daily facility operations and is supported by (b)(7)e personnel that include (b)(7)e shift supervisors and (b)(7)e jailers. Consolidated Correctional Food Service provides food services, and Marshall County provides medical services. The facility holds no accreditation.

This represents ODO's first compliance inspection of MCJ. During this inspection, ODO reviewed 15 NDS and found MCJ compliant with eight standards. ODO found a total of 27 deficiencies in the remaining seven standards: Access to Legal Material (2), Admission and Release (3), Detainee Grievance Procedures (4), Environmental Health and Safety (1), Food Service (9), Funds and Personal Property (3), and Staff- Detainee Communication (5). ODO made one recommendation regarding facility policy and procedures,<sup>1</sup> and identified one opportunity where the facility initiated corrective action during the inspection.<sup>2</sup>

This report details all deficiencies and refers to the specific, relevant sections of the 2000 NDS. ERO will be provided a copy of this report to assist in developing corrective actions to resolve all identified deficiencies. ODO discussed preliminary findings with MCJ and ERO management during the inspection and at a closeout briefing conducted on March 19, 2015.

Upon admission into MCJ, a detainee's property and monies are collected and inventoried. All inventory forms are signed and dated by the staff and the detainee, and placed in the detention file. Once staff completes screening interviews and questionnaires, the results are entered into the MCJ database. Initial medical screening is conducted, photographs and fingerprints are

<sup>1</sup> Recommendations are annotated in this report as "R."

<sup>2</sup> Corrective actions initiated by the facility are annotated in the report as "C."

taken, and the detention file is assembled. Detainees are escorted to a separate area where they shower, change into jail clothing, and receive a “bed roll” with clothing, linen and personal hygiene items consistent with NDS requirements. The MCJ does not have an orientation program. The procedures pertaining to the admission and release process were not approved by ERO.

Detainees are provided the ICE National Detainee Handbook during processing at the ERO field office and sub-offices. Detainees are not provided with an MCJ facility handbook upon admission. The facility handbook is available in English and Spanish.

ERO provides completed Risk Classification Assessment summary forms and the Order to Detain (I-203); however, MCJ staff conduct their own criminal history checks and gather information from other appropriate sources in order to objectively classify the detainee. MCJ classifies detainees as either “minimum,” “medium,” or “maximum” classification levels. The classification system and appeal rights are addressed in the MCJ handbook.

Detainees’ personal property and funds are inventoried and inspected for contraband during the intake process. Clothing is placed in a hanging garment bag, and valuables are inventoried separately and placed in an envelope inserted in the property bag and stored in a secured property room accessible by authorized MCJ staff. Any monies are placed in a sealed envelope bearing the detainee’s name and signed by two staff members attesting to the contents. Any foreign currency is collected, inventoried by denomination, and stored with the detainee’s property. MCJ does not obtain a forwarding address from detainees who have personal property and there are no written policies or procedures addressing detainee property that is reported lost or damaged. ODO’s review of the MCJ handbook found it does not include information on procedures for requesting identity documents or procedures for filing a claim of lost or damaged property.

The grievance system at MCJ allows detainees to file informal, formal and emergency grievances. MCJ written policies and procedures, as well as their handbook, do not make any references to ICE detainees, only inmates. MCJ does not use a grievance committee to review formal detainee grievances, but instead uses a single grievance officer. The MCJ handbook does not address emergency grievances or guarantee against reprisal for detainees who file grievances. The MCJ handbook does not inform detainees of their right to file a complaint directly to DHS OIG in writing or by phone, nor does it provide the necessary contact information. In the past year, one grievance was submitted by an ICE detainee. A review of the detainee’s detention file revealed that MCJ does not keep a copy of the grievance in their detention file for a minimum of 3 years.

MCJ has a designated law library that is well lit and adequately equipped as required by the standard. Detainees have access to the law library a minimum of five hours per week and can request additional time by submitting a request to the housing unit officers. Detainees housed in special management units are afforded the same access to law library privileges as general population detainees. Writing implements, paper and envelopes are provided by the facility to support a detainee’s legal research and case preparation. The computer contained a current version of LexisNexis and word processing software. MCJ does not have written procedures for

assisting unrepresented illiterate or non-English speaking detainees who wish to pursue a legal claim or draft legal documents. There were no operational policies and procedures posted in the law library. MCJ initiated corrective action during the inspection.

ODO toured the facility and found sanitation in the facility was acceptable in most areas, except for the kitchen. ODO confirmed MCJ has a master index of hazardous chemicals, which includes all Material Safety Data Sheets (MSDS), emergency telephone numbers and documentation of required reviews. MSDS were also available in locations where hazardous substances are used. During a tour of the kitchen, ODO observed flammable aerosol cans of pan spray were not controlled, supervised or stored in a fire resistant cabinet. Weekly and monthly fire and safety inspections are completed, and evacuation diagrams are posted throughout the facility in English and Spanish and included “You Are Here” markers and locations of emergency equipment. Documentation of generator and water testing, medical waste disposal, and pest control services supported full compliance with the standard.

The MCJ’s food service vendor does not require its employees to undergo a pre-employment medical exam. Neither staff nor inmate workers underwent physical examination to clear them to work in a food service operation. ODO observed staff and inmate workers did not consistently wear beard guards for facial hair and hairnets. Documentation of a complete nutritional analysis and certification by a registered dietitian was available for the general cycle menu but not religious menus. Garbage cans located in the kitchen area did not have lids; the dishwasher had significant lime and mineral deposits on the interior and exterior; the ceiling vents throughout the kitchen had a noticeable build up of grimy dust; and two mixers had dried food particles on the splash guards. Significant grime and grease build up was observed in the neck and grease trap of the grill and in the ventilation hoods. The sinks, toilets and floors in the staff and inmate lavatories were dirty, with no indication of routine cleaning. Soup bowls and cups are not air dried properly. ODO recommends a system of inspections and structured cleaning programs in the kitchen.

Healthcare is provided by a contract physician and two registered nurses, one of whom is designated as the Responsible Health Authority. The contract physician is the clinical medical authority responsible for all clinical decisions and is on site one day a week to review medical records and co-sign documents. A registered nurse completes the initial health appraisal, which includes a hands-on physical examination and dental screening. ODO confirmed professional licenses for all medical staff were current and primary source verified. There are no on-site mental health services. The physician conducts the initial assessment for mental health concerns, medications and refers detainees to the local mental health clinic. A registered nurse and the contract physician are on-call for emergencies 24 hours a day. Detainees access healthcare by submitting written request forms available in English and Spanish. The forms are provided and retrieved by nursing staff during rounds three times a day. A review of 12 sick-call requests found they were triaged within 24 hours of receipt.

There were no attempted suicides reported by MCJ in the past year, nor were there any detainees on suicide watch at the time of inspection. ODO confirmed detainees are screened for suicide risk upon admission. A review of the policy confirmed procedures are in place for referring detainees to medical if a detainee expresses or exhibits suicidal ideation. ODO noted only the

physician has the authority to release detainees from suicide watch. MCJ's designated rooms for suicide watch are in the booking area. Inspection of the rooms found the rooms have large glass panels allowing continuous observation by booking staff and each room is monitored with the use of a video camera.

MCJ does not have a Sexual Abuse and Assault Prevention and Intervention (SAAPI) program and there have been no SAAPI incidents involving detainees in the last year. MCJ has a policy addressing sexual harassment. The policy states MCJ will not tolerate sexual harassment or any other forms of unlawful harassment. Three MCJ staff members have been trained and certified as Prison Rape Elimination Act (PREA) investigators. PREA training is scheduled for all staff and volunteers upon entry and as a refresher annually. Detainees are provided information on sexual abuse and harassment during the intake process.

MCJ has two separate Special Management Units (SMU), one for male detainees and the other for female detainees. Each of the SMUs is used for administrative and disciplinary segregation with separation afforded by cell assignment. ODO found the SMUs to be well ventilated, adequately lit, appropriately heated, and maintained in excellent sanitary condition. There were no detainees in administrative or disciplinary segregation at the time of inspection or 12 months preceding the inspection. ODO determined the facility policy for administrative segregation meets or exceeds the requirements of the NDS. ODO confirmed MCJ has a permanent log for recording privileges and services. A review of the log and 24 detainee files found no evidence of detainee placement in administrative segregation.

ODO reviewed the MCJ policy and confirmed all requirements of the NDS are addressed, including the requirement that detainees be issued a copy of the hearing officer's decision imposing a disciplinary segregation term. Detainees have fewer privileges and are subject to more restrictive procedures regarding personal property and commissary items while housed in disciplinary segregation. The maximum period of disciplinary segregation allowed by MCJ policy is 30 days. ODO verified MCJ has a permanent log for recording all privileges and services.

ICE staff makes weekly scheduled visits and schedules are posted in housing units. ODO verified visits are documented by use of the ICE Facility Liaison Visit Checklists and telephone serviceability worksheets, but was unable to review a sign-in log because there were no specific procedures for documenting visits. The MCJ handbook does have written procedures establishing how detainees can submit request forms and availability to request assistance. The DHS OIG Hotline and OIG Hotline posters are not posted in the housing units. ODO reviewed the logbook specifically designed for ICE requests and determined the last entry was from September 2014. Currently, requests are not logged and forwarded to ICE offices within 72 hours and responded to within 72 hours as required by the standard. After further review, ODO found that copies of detainee request forms are not maintained in the detainee's detention file for at least three years.

Telephone access is available for all detainees during waking hours provided they are not confined to their cells. To use the telephones detainees need their Alien Registration Number and a PIN which is provided to the detainees by the housing unit officer. The telephone



availability ratio for detainees in housing pods is one telephone per five detainees. ODO conducted operational checks of telephones in all housing units and reviewed ERO telephone serviceability worksheets to confirm that telephones are operable and in good working order.

MCJ has a comprehensive use of force policy addressing confrontation avoidance, using force only as a last resort, and reporting requirements when force is used. Security personnel are trained in the use of force and are certified in the use of oleoresin capsicum (OC) spray during pre-service and annual training. There were no incidents involving use of force in the 12 months preceding the inspection, nor were there any grievances filed by detainees alleging use of force.

# OPERATIONAL ENVIRONMENT

## DETAINEE RELATIONS

ODO interviewed 20 randomly-selected male detainees (there were no female detainees in custody during the inspection) to assess the conditions of confinement at MCJ. Interview participation was voluntary and the majority of the detainees reported they were treated with dignity and respected by MCJ staff. Overall, detainees expressed satisfaction with the treatment and services provided at MCJ. ODO received no complaints concerning issuance and replenishment of hygiene supplies, sending and receiving mail, visitation, access to religious services, or grievance forms.

Twelve detainees reported they had not received the ICE National Detainee Handbook and all 20 reported they had not received the MCJ handbook. ODO reviewed 20 detention files and could not verify whether or not the detainees had received the ICE National Detainee or MCJ handbook. MCJ confirmed they do not provide detainees with a handbook upon entry. ODO cited this as a deficiency under the Admission and Release standard. The SDDO stated some detainees are issued the ICE National Detainee Handbook during in-processing at the Omaha Sub-office before being sent to MCJ.

Ten detainees stated that on several occasions the food portions were small and the same food was being served every other day. A review of the menu revealed the diet served is balanced and approved by a dietitian. ODO also observed proper portions being served during the lunch meal on Wednesday of the inspection.

One detainee alleged he was losing weight due to the small food portions. The detainee was subsequently seen by medical where it was determined that the detainee had actually gained a pound.

One detainee stated he had a cyst that caused him pain. ODO contacted the medical clinic where the detainee was scheduled to be seen and evaluated.

Another detainee stated he had a severe case of psoriasis and was not receiving treatment. A review of his medical file showed the detainee had been prescribed medicine to treat the psoriasis, but had not informed the medical clinic he desired further treatment. The detainee was referred to the medical clinic where he was evaluated.

Six detainees complained to ODO of dental issues related to the denial of service. ODO reviewed the medical records for all six detainees. Three of the detainees had not identified a dental issue during intake screening or since intake with the facility medical clinic. Those three detainees were referred to the medical clinic: one had an appointment with the dentist scheduled for March 23, 2015, one was being scheduled to see a dental provider, and one was pending a decision related to a tooth extraction.

## **ICE 2000 NATIONAL DETENTION STANDARDS**

ODO reviewed a total of 15 NDS and found MCJ fully compliant with the following eight standards:

1. Detainee Handbook
2. Medical Care
3. Special Management Unit-Administrative
4. Special Management Unit- Disciplinary
5. Detainee Classification System
6. Suicide Prevention and Intervention
7. Telephone Access
8. Use of Force

As the standards above were compliant at the time of the inspection, a synopsis for these standards is not included in this report.

ODO found 27 deficiencies in the following seven standards:

1. Access to Legal Material
2. Admission and Release
3. Detainee Grievance Procedures
4. Environmental Health & Safety
5. Food Service
6. Funds and Personal Property
7. Staff Detainee Communication

Findings for these standards are presented in the remainder of this report.

## ACCESS TO LEGAL MATERIALS (ALM)

ODO reviewed the Access to Legal Material standard at MCJ to determine if detainees have access to a law library, legal materials, courts, counsel and document copying equipment to facilitate the preparation of legal documents, in accordance with the ICE 2000 NDS.

The MCJ law library is monitored and operated by MCJ staff. MCJ has devised a flexible schedule to permit all detainees to use the library on a regular basis. Detainees housed in administrative or disciplinary segregation units have the same law library access as the general population. The hours are Monday through Friday from 8:00 a.m. until 9:00 p.m. The law library can accommodate two detainees per session.

ODO observed, and was informed by the ERO SDDO, that the LexisNexis software installed is current and operational.

The facility does not have written procedures for assisting unrepresented illiterate or non-English speaking detainees who wish to pursue a legal claim related to their immigration proceedings or detention or indicate difficulty with using the law library and drafting legal documents (**Deficiency ALM-1**). ODO observed there were no operational policies and procedures posted in the law library (**Deficiency ALM-2**). The facility initiated corrective action by posting the operational rules and procedures governing access to legal materials in the law library (**C-1**). ODO also observed the MCJ handbook did not provide detainees with the rules and procedures governing access to legal materials.

## STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

### DEFICIENCY ALM-1

In accordance with the ICE NDS, Access to Legal Material, section (III)(L), the FOD must ensure, “Unrepresented illiterate or non-English speaking detainees who wish to pursue a legal claim related to their immigration proceedings or detention and indicate difficulty with the legal materials must be provided with more than access to a set of English-language law books. Facilities shall establish procedures to meet this obligation, such as:

1. helping the detainee obtain assistance in using the law library and drafting legal documents from detainees with appropriate language and reading-writing abilities; and
2. assisting in contacting *pro bono* legal-assistance organizations from the INS-provided list.

If such methods prove unsuccessful in providing a particular non-English-speaking or illiterate detainee with sufficient assistance, the facility shall contact the INS to determine appropriate further action.”

## **DEFICIENCY ALM-2**

In accordance with the ICE NDS, Access to Legal Material, section (III)(Q), the FOD must ensure, “The detainee handbook or equivalent, shall provide detainees with the rules and procedures governing access to legal materials, including the following information:

1. that a law library is available for detainee use;
2. the scheduled hours of access to the law library;
3. the procedure for requesting access to the law library;
4. the procedure for requesting additional time in the law library (beyond the 5 hours per week minimum);
5. the procedure for requesting legal reference materials not maintained in the law library; and
6. the procedure for notifying a designated employee that library material is missing or damaged.

These policies and procedures shall also be posted in the law library along with a list of the law library’s holdings.”

## ADMISSION AND RELEASE (AR)

ODO reviewed the Admission and Release standard at MCJ to determine if procedures are in place to protect the health, safety, security and welfare of each person during the admission and release process, in accordance with the ICE 2000 NDS. ODO reviewed policy and documentation, and toured the booking and property storage areas. There were no detainees admitted or released during the inspection; therefore, processing could not be observed.

Per policy and as explained by staff, arriving detainees enter through a secure vestibule where restraints are removed and property and monies are collected and inventoried. All inventory forms are signed and dated by the staff and detainee, and placed in the detention file. MCJ staff completes screening interviews and questionnaires, the results of which are entered into the facility database. Initial medical screening is also conducted, photographs and fingerprints are taken, and the detention file is assembled. Upon completion of these processes, the detainee is escorted to a separate area where the detainee showers, changes into jail clothing, and receives a “bed roll” with clothing, linens and personal hygiene items consistent with NDS requirements. There is a posted clothing and linen exchange program in place and all personal hygiene items are replaced free of charge.

MCJ does not strip search arriving detainees as a matter of course. The policy states strip searches may be conducted only if there is probable cause the detainee is secreting contraband. A written report supporting probable cause, supervisory authorization, and documentation of the details of the search is required, and a copy or the report is provided to the detainee. ODO’s review of available documentation found no evidence any detainees were strip searched.

Following intake processing, the detainee is placed in the “Basic Housing Unit” pending classification and medical clearance for general population. ODO was informed this process usually takes 48 to 72 hours during which detainees are secured in cells and do not commingle with other detainees or county inmates. Detainees are transferred from the basic unit to general population housing based on the assigned classification level.

Based on interviews with the MCJ Jail Administrator and booking staff, ODO determined there is no site-specific orientation program (**Deficiency AR-1**). In addition, detainees are not provided with the MCJ handbook during the admission process (**Deficiency AR-2**). A copy of the MCJ handbook was seen posted behind laminated plastic in one detainee housing area; however, the handbook was dated 2004 and not the current version. No copies were seen in the other units.

ODO confirmed that MCJ staff adheres to procedures before any detainee’s release, removal, or transfer from the facility. The necessary steps include completing and processing forms, closing files, fingerprinting detainees, returning personal property, reclaiming facility-issued clothing and bedding; however, there was no documentation the procedures were approved by ERO (**Deficiency AR-3**).

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY AR-1**

In accordance with the ICE NDS, Admission and Release, section (III)(J), the FOD must ensure, “All facilities shall have a medium to provide INS detainees an orientation to the facility. In IGSA’s the INS office of jurisdiction shall approve all orientation procedures.”

### **DEFICIENCY AR-2**

In accordance with the ICE NDS, Admission and Release, section (III)(K), the FOD must ensure, “Upon admission every detainee will receive a detainee handbook. It will fully describe all policies, procedures, and rules in effect at the facility, in accordance with the “Detainee Handbook standard.”

### **DEFICIENCY AR-3**

In accordance with the ICE NDS, Admission and Release, section (III)(J)<sup>3</sup>, the FOD must ensure, “Staff must complete certain procedures before any detainee’s release, removal, or transfer from the facility. Necessary steps include completing and processing forms, closing files, fingerprinting; returning personal property; and reclaiming facility-issued clothing bedding, etc. INS will approve the IGSA release procedures.”

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<sup>3</sup> The NDS includes two sections numbered (III)(J). This deficiency relates to the second, which in the standard follows section (III)(K).

## **DETAINEE GRIEVANCE PROCEDURES (DGP)**

ODO reviewed the Detainee Grievance Procedure standard at MCJ to determine if a process to submit formal or emergency grievances exists, and that responses are provided in a timely manner, without fear of reprisal. In addition, the review was conducted to determine if detainees have an opportunity to appeal responses, and if accurate records are maintained, in accordance with the ICE 2000 NDS. ODO toured the facility, interviewed staff, and reviewed the detainee handbook, facility policy and procedures, detention files, and grievance logs.

MCJ's written policy and procedures as well as the handbook, do not include any references to ICE detainees, only inmates. The handbook informs inmates that they will receive a receipt from the grievance officer within 8 hours of receiving their submitted grievance. Timelines for a response to the grievance are not indicated. The facility does not use a grievance committee to review formal detainee grievances, but instead uses a single grievance officer (**Deficiency DGP-1**). The MCJ's policies and procedures do not have a specified section for detainee grievances.

A special order from 2008, by the Jail Supervisor, serves as the jail's written policy for inmate grievances. The special order indicates that detainees are to receive any assistance as needed when filling out a grievance form. There are no timeframes given for response to a grievance (aside from the inmate receiving a receipt from the grievance officer within eight hours of the inmate receiving the grievance), though it is stipulated that emergency grievances, if deemed by the grievance officer to be such, shall be investigated immediately. Detainees are not informed they can appeal directly to ICE (**Deficiency DGP-2**).

MCJ keeps a grievance log for detainees separate from inmates. In the past year only one grievance was submitted by a detainee to the facility. A review of this grievance file revealed that MCJ does not keep a copy of a detainee's grievance in their detention file for a minimum of 3 years (**Deficiency DGP-3**). The detainee received a receipt five days after his submission of the grievance. The detainee was provided with an appeal form and was told that he could appeal to the Chief Jailer, and then subsequently, to the Sheriff if he wished.

A review of the MCJ handbook revealed it does not address emergency grievances or guarantees against reprisal for detainees who file grievances, inform detainees of their right to file a complaint directly to DHS OIG in writing or by phone, or provide the necessary contact information to do so (**Deficiency DGP-4**). Detainees who wish to submit a formal grievance can request a grievance form from the housing unit officer, after completing the grievance form it is placed in a sealed envelope and then given to the housing unit officer, who then refers it to the grievance officer who is a supervisory-level employee or higher. The facility indicated that grievance forms were available in Spanish, but this was not observed.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY DGP-1**

In accordance with the ICE 2000 NDS, Detainee Grievance Procedures, section (III)(A)(2), the FOD must ensure, "The OIC must allow the detainee to submit a formal, written grievance to the facility's grievance committee."



**DEFICIENCY DGP-2**

In accordance with the ICE 2000 NDS, Detainee Grievance Procedures, section (III)(C), “CDFs and IGSA facilities must allow any INS detainee dissatisfied with the facility's response to his/her grievance to communicate directly with INS.”

**DEFICIENCY DGP-3**

In accordance with the ICE 2000 NDS, Detainee Grievance Procedures, section (III)(E), “A copy of the grievance will remain in the detainee’s detention file for at least three years. The facility will maintain that record for a minimum of three years and subsequently, until the detainee leaves INS (ICE) custody.”

**DEFICIENCY DGP-4**

In accordance with the ICE 2000 NDS, Detainee Grievance Procedures, section (III)(G), the FOD must ensure, “The grievance section of the detainee handbook will provide notice of the following:

5. The policy prohibiting staff from harassing, disciplining, punishing or otherwise retaliating against any detainee for filing a grievance.
6. The opportunity to file a complaint about officer misconduct directly with the Justice Department by calling 1-800-869-4499 or by writing to:

Department of Justice  
P.O. Box 27606  
Washington, DC 20038-7606”

## ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the Environmental Health and Safety standard at MCJ to determine if the facility maintains high standards of cleanliness and sanitation, safe work practices and control of hazardous materials and substances, in accordance with the ICE 2000 NDS. ODO toured the facility, interviewed staff, and reviewed procedures and documentation of inspections, hazardous chemical management, and fire drills.

ODO found sanitation in the facility was acceptable in all areas except for food service (see Food Service standard). The housing units were found exceptionally clean and organized. ODO was informed representatives from security, medical and management assemble on Wednesday mornings to conduct a weekly sanitation of the housing units.

ODO confirmed MCJ has a master index of hazardous chemicals which includes all Material Safety Data Sheets (MSDS), emergency telephone numbers and documentation of required reviews. MSDS were also available in locations where hazardous substances are used. A review of documentation found maintenance staff maintain accurate inventories of all flammable, toxic, or caustic substances used. During a tour of the kitchen, ODO observed flammable aerosol cans of pan spray were not controlled, supervised or stored in a fire resistant cabinet (**Deficiency EH&S-1**).

(b)(7)e MCJ security staff successfully completed the Iowa Fire Officer I and Fire Officer II training courses for fire safety officers. These staff members complete and document monthly fire and safety inspections. The Marshall County Law Center completes a fire alarm and life safety system inspection every six months. The last inspection was completed on March 6, 2015.

ODO observed area specific exit and evacuation diagrams posted in all housing units, control centers, administration offices, the kitchen, and booking areas. All diagrams were posted in English and Spanish and included “You Are Here” markers and locations of emergency equipment.

Documentation of generator and water testing, medical waste disposal, and pest control services supported full compliance with the standard.

## STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

### DEFICIENCY EH&S-1

In accordance with ICE NDS, Environmental Health and Safety, section (III)(F), the FOD must ensure, “

1. Any liquid or aerosol labeled “Flammable” or “Combustible” must be stored and used as prescribed on the label, in accordance with the Federal Hazardous Substances Labeling Act, to protect both life and property.
2. Every storage cabinet will:
  - a. Be constructed according to code and securely locked at all times;
  - c. Be conspicuously labeled: “Flammable keep Fire Away; and

- d. Contain either 60 gallons, maximum, of Class I and/or Class II liquids or 120 gallons, maximum, of Class III liquids.”

## FOOD SERVICE (FS)

ODO reviewed the Food Service standard at MCJ to determine if detainees are provided a nutritious and balanced diet, in a sanitary manner, in accordance with ICE 2000 NDS. ODO inspected the food service area, interviewed staff, observed meal preparation and service, and reviewed policy and relevant documentation.

The food service operation is managed by contractor Consolidated Management Company. Staff consists of a food service manager, (b)(7)(e) full-time cook and (b)(7)(e) part-time cook. The staff is supported by (b)(7)(e) county inmate workers. No detainees work in food service. Neither staff nor inmate workers underwent physical examinations to clear them to work in a food service operation (**Deficiency FS-1**). ODO was informed pre-employment medical examinations are not required by Iowa law. During visits to the kitchen, ODO observed staff and inmate workers did not consistently wear beard guards for facial hair or hairnets (**Deficiency FS-2**).

This facility has a five-week general cycle menu and a 14-day cycle menu for religious diets. Documentation of a complete nutritional analysis and certification by a registered dietitian was available for the general cycle menu but not for the religious menus (**Deficiency FS-3**). Medical diets are provided when prescribed by the medical staff. At the time of the inspection, one detainee was on a medical diet and no detainees were on religious diets.

MCJ has a satellite system of meal service involving preparation of meals in the kitchen and delivery to housing units in carts. ODO observed the preparation of trays for the noon meal on March 18, 2015, and accompanied the officer and inmate worker transporting the carts to the housing units. As items were placed on trays, ODO observed staff checking the temperatures of food items. The temperatures were within the range required by the standard.

The food service operation was last inspected by the Iowa Department of Inspections & Appeals on March 6, 2014. Documentation was produced indicating daily sanitation inspections are conducted by staff, and the food service manager conducts weekly inspections of the food service area.

On the first day of ODO's inspection, significant sanitation concerns were noted. Garbage cans located through the kitchen area did not have lids (**Deficiency FS-4**). The dishwasher had significant lime and mineral deposits on the interior and exterior. The ceiling vents throughout the kitchen had a noticeable build up of grimy dust. Two mixers had dried food particles on the splash guards (**Deficiency FS-5**). Significant grime and grease build-up was observed in the neck and grease trap of the grill, and in the ventilation hoods (**Deficiency FS-6**). The sinks, toilets and floors in the staff and inmate lavatories were dirty, with no indication of routine cleaning (**Deficiency FS-7**). ODO recommends that the facility implement a structured cleaning program and a system of inspections that includes management oversight of sanitary conditions in the kitchen (**R-1**).

ODO confirmed temperature logs for the freezer, cooler, and dishwasher were complete and current, and recorded temperatures met NDS requirements. Inspection of the dry storage area

confirmed compliance with the standard. Aerosol cans containing flammable pan spray were observed in the cooking and baking areas of the kitchen, unsupervised (**Deficiency FS-8**).

Food trays are removed from the dishwasher and stacked on top of each other without air drying. ODO observed many trays with water in the compartments as food items were being placed on the trays. In addition, soup bowls and cups are not air dried. After washing, they are stacked in plastic tubs that do not have holes for draining; therefore, they sit in standing water and do not dry properly (**Deficiency FS-9**).

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY FS-1**

In accordance with ICE NDS, Food Service, section (III)(H)(3)(a), the FOD must ensure, “All food service personnel (both staff and detainee) shall receive a pre-employment medical examination. The purpose of this examination is to exclude those who have a communicable disease in any transmissible stage or condition. Detainees who have been absent from work for any length of time for reasons of communicable illness (including diarrhea) shall be referred to Health Services for a determination as to fitness for duty prior to resuming work.”

### **DEFICIENCY FS-2**

In accordance with ICE NDS, Food Service, section (III)(H)(2)(c), the FOD must ensure, “All staff and detainees working in the food preparation and service area(s) shall use effective hair restraints. Personnel with hair that cannot be adequately restrained shall be prohibited from food service operations.”

### **DEFICIENCY FS-3**

In accordance with ICE NDS, Food Service, section (III)(D)(2), the FOD must ensure, “A registered dietitian shall conduct a complete nutritional analysis of every master cycle menu planned by the FSA. Menus must be certified by the dietitian before implementation. If necessary, the FSA shall modify the menu in light of the nutritional analysis, to ensure nutritional adequacy.

### **DEFICIENCY FS-4**

In accordance with ICE NDS, Food Service, section (III)(H)(5)(j), the FOD must ensure, “Garbage and other trash shall be collected and removed as often as possible. The garbage/refuse containers shall have sufficient capacity for the volume, and shall be kept covered, cleaned frequently, and insect and rodent proof. The facility shall comply with all applicable regulations (local, state, and federal) on refuse-handling and disposal.”

### **DEFICIENCY FS-5**

In accordance with ICE NDS, Food Service, section (III)(H)(1), the FOD must ensure, “All food service employees are responsible for maintaining a high level of sanitation in the food service department.”

**DEFICIENCY FS-6**

In accordance with ICE NDS, Food Service, section (III)(H)(12)(f), the FOD must ensure, “Hood systems shall be cleaned after each use to prevent grease build-ups, which constitute fire risks. All deep-fryers and grills shall be equipped with automatic fuel or energy shut-off controls.”

**DEFICIENCY FS-7**

In accordance with ICE NDS, Food Service, section (III)(H)(9)(a), the FOD must ensure, “Toilet facilities, including rooms and fixtures, shall be kept clean and in good repair.”

**DEFICIENCY FS-8**

In accordance with ICE NDS, Food Service, section (III)(H)(11)(C)(1), the FOD must ensure, “All toxic, flammable, and caustic materials shall be segregated from food products and stored in a locked and labeled cabinet or room.”

**DEFICIENCY FS-9**

In accordance with ICE NDS, Food Service, section (III)(H)(7)(g)(5)(d)(2), the FOD must ensure, “Air-dry all equipment and utensils after sanitizing, by means of drain- boards, mobile dish-tables and/or carts.”

## **FUNDS AND PERSONAL PROPERTY (F&PP)**

ODO reviewed the Funds and Personal Property standard at the MCJ to determine if controls are in place to inventory, receipt, and store and safeguard detainees' personal property, in accordance with the ICE 2000 NDS. ODO toured the facility, inspected property storage areas, reviewed policies and documentation, and interviewed staff.

A detainee's personal property is inventoried during the intake process. Clothing is laundered and placed in a hanging garment bag, and valuables are inventoried separately and placed in an envelope inserted in the property bag. Completed inventories are signed by the detainee and staff, with copies issued to the detainee and placed in the detention file. Property bags are placed in a secure room, which was clean and orderly.

Detainees are not allowed to keep any cash in their possession while at MCJ. Upon admission, all monies are collected, inventoried, and entered into a commissary account established for the detainee. The monies are placed in a sealed envelope bearing the detainee's name and signed by two staff members attesting to the contents. The envelope is placed in a locked box which is emptied by fiscal management staff three times per week. Access to the box is limited to one jail booking supervisor and the fiscal staff. Any foreign currency is collected, inventoried by denomination, and stored with the detainee's property.

Based on the interview of staff and the review of 20 detainee files, ODO determined a forwarding address is not obtained from detainees who have personal property (**Deficiency F&PP-1**). MCJ does not have a written policy or procedure addressing detainee property that is reported lost or damaged (**Deficiency F&PP-2**).

ODO's review of the MCJ handbook found it does not include information on procedures for requesting identity documents or filing a claim of lost or damaged property (**Deficiency F&PP-3**).

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY F&PP-1**

In accordance with the ICE NDS, Funds and Personal Property, section (III)(C), the FOD must ensure, "Standard operating procedure will include obtaining a forwarding address from every detainee who has personal property that could be lost or forgotten in the in the facility after the detainee's release, transfer, or removal."

### **DEFICIENCY F&PP-2**

In accordance with the ICE NDS, Funds and Personal Property, section (III)(H), the FOD must ensure, "All IGSA facilities will have and follow a policy for the loss of or damage to properly receipted detainee property, as follows:

1. All procedures for investigating and reporting property loss or damage will be implemented as specific in this standard;
2. Supervisory staff will conduct the investigation;

3. The senior facility contract officer will process all detainee claims for lost or damaged property promptly;
4. The official deciding the claim will be at least one level higher in the chain of command than the official investigating the claim;
5. They will promptly reimburse detainees for all validated property losses caused by facility negligence;
6. They will not arbitrarily impose a ceiling on the amount to be reimbursed for a validated claim; and
7. The senior contract officer will immediately notify the ICE officer of all claims and outcomes.”

**DEFICIENCY F&PP-3**

In accordance with the ICE NDS, Funds and Personal Property, section (III)(J)(2)(5), the FOD must ensure, “The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including:

2. That, upon request, they will be provided an INS-certified copy of any identity document (passport, birth certificate, etc.) placed in their A-files;
5. The procedures for filing a claim for lost or damaged property.”



## **STAFF-DETAINEE COMMUNICATION (SDC)**

ODO reviewed the Staff-Detainee Communication standard at MCJ to determine if procedures are in place to allow formal and informal contact between detainees and key ERO and facility staff, and if detainees are able to submit written requests to ERO staff and receive responses in a timely manner. ODO reviewed policies and procedures, request forms, logs and interviewed staff and detainees.

Every Wednesday, ERO staff conduct weekly scheduled visits at MCJ. ODO observed a posting of scheduled ERO visits in all housing units. During visits ERO officials check on the overall condition of MCJ, interact with detainees, and respond to detainee requests. ODO was unable to review a sign-in log because there were no specific procedures for documenting visits **(Deficiency SDC-1)**. ODO reviewed Facility Liaison Visit Checklists and Telephone Serviceability worksheets from December 2014 to March 2015 to verify weekly checks are completed and records are maintained.

ICE request forms are available upon request from the Housing Unit Officer. Detainee requests are collected by the Immigration Enforcement Agents (IEA) or Deportation Officers (DO) during weekly visits.

ODO determined detainee requests were not forwarded to ERO offices within 72 hours and answered within 72 hours of receipt of the request **(Deficiency SDC-2)**. ODO reviewed the logbook specifically designed for ICE requests and determined the last entry was from September 2014 and requests are not currently being logged **(Deficiency SDC-3)**. There were two requests submitted in the last year at MCJ. After reviewing detention files, ODO found that copies of detainee request forms are not maintained in the detainees' detention files for at least three years **(Deficiency SDC-4)**.

The facility handbook has written procedures specifying how detainees can submit requests and the availability to request assistance, if needed. The handbook does not include information regarding the Department of Homeland Security Office of Inspector General (OIG) Hotline and the OIG Hotline posters are not posted in the housing units **(Deficiency SDC-5)**.

## **STANDARDS/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY SDC-1**

In accordance with the ICE NDS, Staff-Detainee Communication, section (III)(A)(2)(b), "The ICE Field Office Director shall have specific procedures for documenting the visit."

### **DEFICIENCY SDC-2**

In accordance with the ICE NDS, Staff-Detainee Communication, section (III)(B)(1)(b), the FOD must ensure, "The detainee requests shall be forwarded to the ICE office of jurisdiction within 72 hours and answered as soon as possible and practicable, but not later than within 72 hours from receiving the request."

**DEFICIENCY SDC-3**

In accordance with the ICE NDS, Staff-Detainee Communication, section (III)(B)(2), the FOD must ensure, “All requests shall be recorded in a logbook specifically designed for that purpose.”

**DEFICIENCY SDC-4**

In accordance with the ICE NDS, Staff-Detainee Communication, section (III)(B)(2), the FOD must ensure, “All completed Detainee Requests will be filed in the detainee’s detention file and will remain in the detainee’s detention file for at least three years.”

**DEFICIENCY SDC-5**

In accordance with the Change Notice, National Detention Standards, Staff-Detainee Communication, June 15, 2007, the FOD must ensure, “the OIG Hotline is conspicuously posted in all units housing ICE detainees. This applies to all Service Processing Centers, Contract Detention Centers and Inter-Governmental Service Agreement facilities. The OIG Hotline information is to be included in the detainee handbook in each of the aforementioned locations.”