



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

Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Saint Paul Field Office

Kandiyohi County Jail
Willmar, Minnesota

August 24-28, 2020

**COMPLIANCE INSPECTION
of the
KANDIYOHI COUNTY JAIL
Willmar, Minnesota**

TABLE OF CONTENTS

| | |
|---|-----------|
| FACILITY OVERVIEW | 4 |
| COMPLIANCE INSPECTION PROCESS | 5 |
| FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES | 6 |
| DETAINEE RELATIONS | 7 |
| COMPLIANCE INSPECTION FINDINGS | 8 |
| DETAINEE SERVICES | 8 |
| Admission and Release | 8 |
| Detainee Classification System..... | 8 |
| Funds and Personal Property | 8 |
| Staff-Detainee Communication | 8 |
| Telephone Access | 8 |
| Visitation..... | 9 |
| SECURITY AND CONTROL | 9 |
| Environmental Health and Safety | 9 |
| Use of Force | 10 |
| HEALTH SERVICES | 10 |
| Medical Care..... | 10 |
| Suicide Prevention and Intervention..... | 10 |
| CONCLUSION | 12 |

COMPLIANCE INSPECTION TEAM MEMBERS

| | | |
|------------|---------------------------------------|----------------------|
| [REDACTED] | Team Lead | ODO |
| [REDACTED] | Inspections and Compliance Specialist | ODO |
| [REDACTED] | Inspections and Compliance Specialist | ODO |
| [REDACTED] | Contractor | Creative Corrections |
| [REDACTED] | Contractor | Creative Corrections |
| [REDACTED] | Contractor | Creative Corrections |
| [REDACTED] | 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 Kandiyohi County Jail (KCJ) in Willmar, Minnesota, from August 24 to 28, 2020.¹ The facility opened in 2001 and is owned by Kandiyohi County and operated by the Kandiyohi County Sheriff's Office (KCSO). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at KCJ in 1992 under the oversight of ERO's Field Office Director in Saint Paul (ERO Saint Paul). The facility operates under the National Detention Standards (NDS) 2000.

ERO has not assigned deportation officers or a detention services manager to the facility. A KCSO lieutenant handles daily facility operations and is supported by █ personnel. Summit Food Service, LLC provides food services, Mend Correctional Care, PLLC provides medical services, and Turnkey Corrections provides commissary services. The facility does not hold any accreditations from any outside entities.

| Capacity and Population Statistics | Quantity |
|--|-----------|
| ICE Detainee Bed Capacity ² | As Needed |
| Average ICE Detainee Population ³ | 53 |
| Male Detainee Population (as of 8/24/2020) | 64 |
| Female Detainee Population (as of 8/24/2020) | 14 |

During its last inspection, in Fiscal Year (FY) 2019, ODO found 28 deficiencies in the following areas: Access to Legal Material (2); Admission and Release (5); Detainee Classification System (3); Funds and Personal Property (1); Staff-Detainee Communication (3); Telephone Access (2); Visitation (1); Environmental Health and Safety (2); Special Management Units (Administrative Segregation) (4); Special Management Unit (Disciplinary Segregation) (3); Use of Force (1); and Medical Care (1).

¹ This facility holds male and female detainees with low, medium-low, medium-high, and high security classification levels for periods longer than 72 hours.

² Data Source: ERO Facility List Report as of August 17, 2020.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, and where detainees are housed for longer than 72 hours, to assess compliance with ICE national detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO also highlights instances in which 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.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

| NDS 2000 Standards Inspected ⁵ | Deficiencies |
|--|--------------|
| Part 1 – Detainee Services | |
| Access to Legal Material | 0 |
| Admission and Release | 2 |
| Detainee Classification System | 1 |
| Detainee Grievance Procedures | 0 |
| Food Service | 0 |
| Funds and Personal Property | 1 |
| Recreation | 0 |
| Religious Practices | 0 |
| Staff-Detainee Communication | 1 |
| Telephone Access | 1 |
| Visitation | 3 |
| Sub-Total | 9 |
| Part 2 – Security and Control | |
| Environmental Health and Safety | 3 |
| Special Management Units | 0 |
| Use of Force | 3 |
| Sub-Total | 6 |
| Part 3 – Health Services | |
| Medical Care | 8 |
| Suicide Prevention and Intervention | 1 |
| Sub-Total | 9 |
| Other Standards Inspected | |
| Performance Based National Detention Standards (PBNDS) 2011 Sexual Abuse and Assault Prevention and Intervention | 0 |
| Federal Performance Based Detention Standards (FPBDS) Detainees With Disabilities | 0 |
| Sub-Total | 0 |
| Total Deficiencies | 24 |

⁵ For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

DETAINEE RELATIONS

ODO interviewed 12 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 concerns listed below. ODO attempted to conduct detainee interviews via video teleconference; however, ERO Saint Paul and the facility were not able to accommodate this request due to technological issues. As such, the detainee interviews were conducted via telephone.

Medical Care: One detainee stated sick call requests take over six months to be seen by medical staff.

- Action Taken: ODO reviewed the detainee's medical file and found two sick call requests from December 2019 and February 2020. Both sick call requests were triaged by medical staff within 48-hours of submission.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ADMISSION AND RELEASE (A&R)

ODO reviewed KCJ's orientation procedures and found that ERO Saint Paul has not approved the procedures (**Deficiency A&R-1⁶**).

ODO reviewed KCJ's release procedures and found that ERO Saint Paul has not approved the procedures (**Deficiency A&R-2⁷**).

DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO reviewed 11 detainee files and interviewed the classification lieutenant and found the facility considers all ICE holds as legal detainers; therefore, all detainees are classified a medium security level. The facility's current classification practice of classifying all detainees a medium security level may result in incorrectly classifying and comingling detainees (**Deficiency DCS-1⁸**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the facility's detainee handbook and found it did not notify detainees of the following: which items they may retain in their possession; upon request, they will be provided a certified copy of any identity document in their A-file; or the procedure for claiming property upon release, transfer, or removal (**Deficiency F&PP-1⁹**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO found ERO Saint Paul does not complete the facility liaison visit form weekly (**Deficiency SDC-1¹⁰**).

TELEPHONE ACCESS (TA)

ODO reviewed the telephone postings and found the postings did not contain the procedures for

⁶ "In IGSA's the INS office of jurisdiction shall approve all orientation procedures." *See* ICE NDS 2000, Standard, Admissions and Release, Section (III)(J). **This is a repeat deficiency.**

⁷ "INS will approved (sic) the IGSA release procedures." *See* ICE NDS 2000, Standard, Admissions and Release, Section (III)(J). **This is a repeat deficiency.**

⁸ "The facility shall abide by INS policy, rules, and guidelines set forth in this Standard and implement the attached Detainee Classification system for classifying detainees. CDFs and IGSA facilities may continue using the system established locally, if the classification criteria are objective and all procedures meet INS requirement." *See* ICE NDS 2000, Standard, Detainee Classification System, Section (III)(A).

⁹ "The detainee handbook or equivalent shall notify the detainees of the facility policies and procedures concerning personal property, including: 1. Which items they may retain in their possession; 2. That, upon request, they will be provided a certified copy of any identity document (passport, birth certificate, etc.) placed in their A-files; 4. The procedures for claiming property upon release, transfer or removal" *See* ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(J)(1)(2)(4). **This is a repeat deficiency.**

¹⁰ "For Inter-Governmental Service Agreements (IGSAs) facilities housing ICE detainees the model protocol should be completed weekly for regularly used facilities and each visit for facilities, which are used intermittently." *See* Change Notice National Detention Standards, Staff-Detainee Communication, Model Protocol, dated June 15, 2007.

obtaining an unmonitored call to a court, legal representative, or for the purpose of obtaining legal representation (**Deficiency TA-1¹¹**).

VISITATION (V)

ODO found KCJ staff do not consistently supervise the video visitation room, which resulted in a media group conducting an unauthorized interview with detainees in April 2020 (**Deficiency V-1¹²**).

ODO reviewed the facility's policy and found the facility does not have written procedures for legal service providers and legal assistants to telephone the facility to determine whether a detainee is housed at KCJ (**Deficiency V-2¹³**). In addition, the facility does not have a legal visitation policy (**Deficiency V-3¹⁴**).

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO requested the certification of the facility's water supply and found the most recent certification was from 2017. KCJ was unable to provide current documentation or annual testing of the drinking and wastewater. The U.S. Environmental Protection Agency requires every community water supplier to provide an annual report by July 1st of each year to its customers (**Deficiency EH&S-1¹⁵**).

ODO interviewed a lieutenant and was informed hair care sanitation regulations are not posted in the designated barbershop area of the housing unit (**Deficiency EH&S-2¹⁶**).

ODO reviewed the needle inventory and found the needle inventory is not checked on a [REDACTED] basis (**Deficiency EH&S-3¹⁷**).

¹¹ If telephone calls are monitored, the facility shall notify detainees in the detainee handbook or equivalent provided upon admission. It shall also place a notice at each monitored telephone stating: ...

2. the procedure for obtaining an unmonitored call to a court, legal representative, or for the purposes of obtaining legal representation."

See ICE NDS 2000, Standard, Telephone Access, Section (III)(K)(2).

¹² "The OIC shall provide adequate supervision of the visiting rooms." See ICE NDS 2000, Standard, Visitation, Section (III)(G).

¹³ "Each facility shall establish a written procedure to allow legal service providers and legal assistants to telephone the facility in advance of a visit to determine whether a particular individual is detained in that facility." See ICE NDS 2000, Standard, Visitation, Section (III)(I)(6).

¹⁴ "The facility's written legal visitation policy shall be available upon request." See ICE NDS 2000, Standard, Visitation, Section (III)(I)(16).

¹⁵ "A state laboratory will test samples of drinking and wastewater to ensure compliance with applicable standards." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(N).

¹⁶ "Each barbershop will have detailed hair care sanitation regulations posted in a conspicuous location for the use of all hair care personnel and detainees." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(P)(4).

¹⁷ "An inventory will be kept of those items that pose a security risk, such as sharp [REDACTED], and [REDACTED]. This inventory will be checked [REDACTED] by an individual designated by the medical facility Health Service Administrator (HSA) or equivalent." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(Q)(1).

USE OF FORCE (UOF)

ODO reviewed the facility's policies on UOF and Release of Information and found the policies did not require the approval from headquarters to release videos to the media (**Deficiency UOF-1¹⁸**).

ODO reviewed the facility's post order on UOF and found the post order did not designate the responsibility of maintaining the video camera(s) and other video equipment into one or more post orders (**Deficiency UOF-2¹⁹**).

ODO found an after-action review report was not completed and submitted to the facility administrator within two working days of the detainee's release from restraints (**Deficiency UOF-3²⁰**).

HEALTH SERVICES

MEDICAL CARE (MC)

ODO found [REDACTED] out of [REDACTED] health care staff did not have a primary source verification of their licensure, licenses were not provided for [REDACTED] nurse practitioners and [REDACTED] radiology technicians, and [REDACTED] nurse had an expired license (**Deficiency MC-1²¹**).

ODO found one out of 18 medical records indicated a registered nurse distributed medication prior to obtaining specific instructions and procedures from a provider (**Deficiency MC-2²²**).

ODO found four out of 18 detainee medical records did not contain physical examinations for the detainees, and two out of 18 detainee medical records indicated the physical examinations were not performed on the detainees within 14-days of their arrival at the facility (**Deficiency MC-3²³**).

ODO found one of 18 detainee medical records did not contain a tuberculosis (TB) screening, and one medical record contained a purified protein derivative (PPD) test; however, the medical staff did not review the PPD results within 48-72 hours after the test was performed (**Deficiency MC-**

¹⁸ "The release of use-of-force videotapes to the news media shall occur only with approval from Headquarters, in accordance with INS procedures and rules of accountability." See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4)(j).

¹⁹ "The OIC shall designate responsibility for maintaining the video camera(s) and other video equipment. This shall include regularly scheduled testing to ensure all parts, including batteries, are in working order; and keeping back-up supplies on hand (batteries, tapes, lens-cleaners, etc.). This responsibility shall be incorporated into one or more post orders." See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4)(k)(1).

²⁰ "The After-Action Review Team shall complete and submit its After-Action Review Report to the OIC within two working days of the detainee's release from restraints." See ICE NDS 2000, Standard, Use of Force, Section (III)(K).

²¹ "The health care staff will have a valid professional licensure and or certification." See ICE NDS 2000, Standard, Medical Care, Section (III)(C).

²² "Distribution of medication will be according to the specific instructions and procedures established by the health care provider." See ICE NDS 2000, Standard, Medical Care, Section (III)(I).

²³ "The health care provider of each facility will conduct a health appraisal and physical examination on each detainee within 14 days of arrival at the facility." See ICE NDS 2000, Standard, Medical Care, Section (III)(D).

4²⁴).

ODO reviewed the medical records for nine female detainees and found none of the health appraisals were performed according to the National Commission of Correctional Health Care (NCCHC) and the Joint Commission on American Healthcare Organization (JCAHO). NCCHC and JCAHO guidelines require specific assessments of female detainees to assess gynecological conditions (i.e., pregnancy test, menstrual cycle, etc.) (**Deficiency MC-5²⁵**).

ODO found four of 18 medical records did not contain a dental examination, and two out of 18 medical records indicated the dental examination was not performed within 14-days of the detainee's arrival (**Deficiency MC-6²⁶**).

ODO interviewed the health services administrator (HSA) and found the availability and placement of the first aid kits were not determined by the HSA and the facility administrator (**Deficiency MC-7²⁷**).

ODO found one medical record in which there was no medical consent form signed by detainee (**Deficiency MC-8²⁸**).

ODO reviewed the facility's medical contract and found the medical director is required to be at the facility at least eight hours per week; however, the medical director is only available by telephone. ODO noted this as an **Area of Concern**.

ODO interviewed the HSA, who stated community medical providers are not paid promptly by KCJ for services provided to detainees. According to the HSA, several providers in the community no longer treat detainees due to the late payments. The HSA stated the previous community dental provider discontinued services for detainees due to late or no payments. ODO noted this as an **Area of Concern**.

ODO found receipts indicating detainees are charged for medication. The HSA stated only inmates are charged for medication and not detainees; however, the receipts indicate both detainees and inmates are charged. ODO noted this as an **Area of Concern**.

SUICIDE PREVENTION & INTERVENTION (SP&I)

ODO found [REDACTED] out of [REDACTED] health care training records did not contain documentation of suicide

²⁴ "All new arrivals shall receive TB screening by PPD (mantoux method) or chest x-ray." See ICE NDS 2000, Standard, Medical Care, Section (III)(D).

²⁵ "Health appraisals will be performed according to NCCHC and JCAHO standards." See ICE NDS 2000, Standard, Medical Care, Section (III)(D).

²⁶ An initial dental screening exam should be performed within 14 days of the detainee's arrival." See ICE NDS 2000, Standard, Medical Care, Section (III)(E).

²⁷ "In each detention facility, the designated health authority and the OIC will determine the availability and placement of first aid kits consistent with the American Correctional Association requirements." See ICE NDS 2000, Standard, Medical Care, Section (III)(H).

²⁸ "As a rule, medical treatment will not be administered against the detainee's will. The facility health care provider will obtain signed and dated consent forms from all detainees before any medical examination or treatment, except in emergency circumstances." See ICE NDS 2000, Standard, Medical Care, Section (III)(L). **This is a repeat deficiency.**

prevention and intervention training (**Deficiency SP&I-1**²⁹).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 16 standards under NDS 2000, one standard under PBNDS 2011, and one standard under FPBDS and found the facility in compliance with eight of those standards. ODO found 24 deficiencies in the remaining 10 standards. ODO commends facility staff for their responsiveness during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

| Compliance Inspection Results Compared | FY 2019 | FY 2020 |
|---|----------------|----------------|
| Standards Reviewed | 17 | 18 |
| Deficient Standards | 13 | 10 |
| Overall Number of Deficiencies | 28 | 24 |
| Repeat Deficiencies | 0 | 4 |
| Corrective Actions | 2 | 0 |

²⁹ "All staff will receive training, during orientation and periodically, in the following: recognizing signs of suicidal thinking, including suspect behavior; facility referral procedures; suicide prevention techniques; and responding to an in-progress suicide attempt." See ICE NDS 2000, Standard, Suicide Prevention and Intervention, Section (III)(A).