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Office of Detention Oversight Compliance Inspection

Enforcement and Removal Operations
ERO Saint Paul Field Office

Freeborn County Adult Detention Center
Albert Lea, Minnesota

March 15-19, 2021

**COMPLIANCE INSPECTION
of the
FREEBORN COUNTY ADULT DETENTION CENTER
Albert Lea, Minnesota**

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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 a compliance inspection of the Freeborn County Adult Detention Center (FCADC) in Albert Lea, Minnesota, from March 15 to 19, 2021.¹ The facility opened in 2004 and is owned and operated by Freeborn County. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at FCADC in 2009 under the oversight of ERO's Field Office Director (FOD) in Saint Paul (ERO Saint Paul). The facility operates under the National Detention Standards (NDS) 2019.

ERO does not have deportation officers nor a detention service manager assigned to the facility. A jail administrator handles daily facility operations and is supported by [REDACTED] personnel. Summit Food Services, LLC provides food services, Advanced Correctional Healthcare provides medical care, and Turnkey Corrections provides commissary services at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	75
Average ICE Detainee Population ³	[REDACTED]
Male Detainee Population (as of March 15, 2021)	[REDACTED]
Female Detainee Population (as of March 15, 2021)	N/A

During its last inspection, in Fiscal Year (FY) 2020, ODO found 21 deficiencies in the following areas: Environmental Health and Safety (1); Custody Classification System (1); Use of Force and Restraints (1); Special Management Units (3); Food Service (3); Medical Care (9); Significant Self-Harm and Suicide Prevention and Intervention (2); and Telephone Access (1).

¹ This facility holds male 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 March 15, 2021.

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 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{5,6}	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	6
Sub-Total	6
Part 2 – Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	1
Funds and Personal Property	2
Use of Force and Restraints	2
Special Management Units	15
Staff-Detainee Communication	0
Sub-Total	20
Part 4 – Care	
Food Service	1
Hunger Strikes	1
Medical Care	9
Significant Self-Harm and Suicide Prevention and Intervention	7
Disability Identification, Assessment, and Accommodation	0
Sub-Total	18
Part 5 – Activities	
Religious Practices	1
Telephone Access	1
Sub-Total	2
Part 6 – Justice	
Grievance System	0
Law Libraries and Legal Materials	0
Sub-Total	0
Other Standards Inspected	
Performance-Based National Detention Standards (PBNDS) 2011 Sexual Abuse and Assault Prevention and Intervention	1
Sub-Total	1
Total Deficiencies	47

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

⁶ Beginning in FY 2021, ODO added Emergency Plans, Facility Security and Control, Population Counts, Hunger Strikes, and Staff Training as core standards. NDS 2019 does not include Emergency Plans, Population Counts, nor Staff Training as individual standards; however, those specific requirements are resident in other core standards.

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 conducted detainee interviews via video teleconference.

Admission and Release: Four detainees stated the facility staff strip-searched them during their intake.

- Action Taken: ODO interviewed the jail administrator, reviewed the detainees' detention files, and determined there was no documentation pertaining to strip-searches. Despite NDS 2019 permitting detainee strip-searches upon admission, FCADC's policy, as well as Minnesota's statute, does not permit strip-searches to be performed upon a detainee's admission to the facility, nor does FCADC maintain a strip-search log in the intake area for this reason. The jail administrator stated new arrivals are subject to a "level 2" search, in which facility staff ask detainees to remove their personal clothing and change into a facility uniform behind a shower door and officers cannot view detainees changing.

Law Libraries and Legal Materials: A detainee stated he requested to visit the law library, but the program manager tore up his request and threw it away.

- Action Taken: ODO reviewed the facility's law library request log and interviewed the program manager, who stated the detainee did not request access to the law library. The program manager stated all detainees use the same sign-up sheet to request access to the law library and detainees do not make requests on individual sheets of paper. On March 15, 2021, the program manager spoke to the detainee, answered his questions pertaining to law library requests, and offered to take the detainee to the law library, but the detainee declined. On March 16, 2021, the program manager reviewed the law library request log and confirmed the detainee had not signed up.

Telephone Access: A detainee stated he submitted a request 3 weeks ago to add his attorney's phone number to the facility's call list, which allows the detainee to call phone numbers that are on the list; however, the detainee still cannot call her.

- Action Taken: ODO interviewed facility staff, reviewed the detainee's telephone record, and found the detainee was able to call his attorney. After further clarification with the detainee, ODO determined he wanted to call his attorney's cell phone. Facility staff explained to the detainee that the attorney must complete a cell phone agreement with the facility's telephone contractor, which she has not done for him to call his attorney's cell phone. However, facility staff informed the detainee he can contact the attorney at her office.

Telephone Access: A detainee stated he cannot contact an ICE officer using his facility-provided cell phone.

- Action Taken: ODO interviewed facility staff, who stated detainees must email ICE staff and ICE will call the detainee on their iPod communication device. This information is readily available to detainees in the detainee handbook. The facility instructed the detainee on the proper way to contact local ICE staff and reminded the detainee of the complimentary hotline numbers the detainee can use at any time.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the assistant jail administrator (AJA) and found the facility's barbershop operation is not located in an easily cleanable area with sufficient lighting (**Deficiency EHS-45⁷**) and does not have at least one lavatory/sink with hot and cold running water, or waterless hand sanitizer (**Deficiency EHS-46⁸**).

ODO reviewed a photo of the barbershop equipment and found the facility does not provide disinfectants or laundered towels (**Deficiency EHS-47⁹**).

ODO interviewed the AJA and found the facility does not clean and disinfect all hair care tools that come in contact with detainees prior to each use (**Deficiency EHS-48¹⁰**).

ODO reviewed facility's sanitation and waste policy, interviewed the AJA, and found the facility does not check a detainee for head lice before issuing hair clippers (**Deficiency EHS-49¹¹**).

ODO interviewed the HSA and confirmed the facility does not conduct a weekly inventory for items that pose a security risk, such as sharp instruments, syringes, needles, and scissors (**Deficiency EHS-52¹²**).

SECURITY

FACILITY SECURITY AND CONTROL (FSC)

ODO reviewed the visitor logbook and found the facility did not record the person or department

⁷ “The operation will be located in an easily cleanable area with sufficient lighting of at least 50-foot candles.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(H)(1)(a).

⁸ “At least one lavatory/sink with hot and cold running water, or waterless hand sanitizer, will be available.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(H)(1)(b).

⁹ “Barber operations will be provided with all equipment and facilities necessary for maintaining sanitary procedures of hair care, including containers for waste, disinfectants, disposable headrest covers, laundered towels, and haircloths.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(H)(1)(c).

¹⁰ “All hair care tools which come in contact with detainees will be cleaned and disinfected prior to each use.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(H)(1)(d).

¹¹ “No person will be served when infested with head lice but will be reported to the medical authority for appropriate care and treatment.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(H)(1)(e).

¹² “This inventory will be reconciled weekly by an individual designated by the medical facility Health Service Administrator (HSA) or equivalent. See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(H)(2)(a).

visited nor the purpose of the visit (**Deficiency FSC-17**¹³).

Corrective Action: Prior to completion of the inspection, the facility updated the visitor log to include columns for the person or department visited and the purpose of the visit. The facility also notified staff to begin documenting this information (**C-1**).

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed FCADC's property audit log and found the facility does not document the time officers conducted the inventory (**Deficiency FPP-20**¹⁴).

ODO reviewed FCADC's detainee handbook and found it does not notify detainees they can request a copy of any identity document placed in their detention files (**Deficiency FPP-34**¹⁵).

USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed one UOF file and found a staff member did not provide a written report documenting his actions or observations (**Deficiency UOFR-78**¹⁶) nor complete a memorandum for the record after witnessing the UOF (**Deficiency UOFR-81**¹⁷).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed 12 detainee detention files and found facility staff did not document the date nor time the officer released the detainees from segregation on the administrative segregation orders for all 12 files reviewed (**Deficiency SMU-19**¹⁸).

ODO reviewed eight detainee detention files and found four files, in which the facility placed detainees in disciplinary segregation (DS) prior to an Institutional Disciplinary Panel (IDP) hearing (**Deficiency SMU-34**¹⁹).

¹³ "Every entry in the logbook will identify the person visiting; the person or department visited; date and time of visitor's arrival; purpose of visit; and time of departure." See ICE NDS 2019, Standard, Facility Security & Control, Section (II)(C)(2)(b).

¹⁴ "The facility's logs will indicate the date, time, and name of the officer(s) conducting the inventory." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(D).

¹⁵ "The facility handbook shall notify detainees of facility policies and procedures concerning personal property, including: ...

2. That, upon request, they will be provided a copy of any identity document (passport, birth certificate, etc.) placed in their A-files or detention files." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(H)(2).

¹⁶ "All personnel who either use force or observe the use of force shall document their actions and observations in a written report before leaving shift." See ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(J).

¹⁷ "Each staff member who witnesses the use of force shall complete a memorandum for the record, to be attached to the use of force report." See ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(J)(1).

¹⁸ "When the detainee is released from administrative segregation, the releasing officer shall indicate the date and time of release on the administrative segregation order." See ICE NDS 2019, Standard, Special Management Units, Section (II)(A)(2)(c).

¹⁹ "A detainee may be placed in disciplinary segregation only by order of the Institutional Disciplinary Panel (IDP), or its equivalent, after a hearing in which the detainee has been found to have committed a prohibited act and only when alternative dispositions would inadequately regulate the detainee's behavior." See ICE NDS 2019, Standard, Special Management Units, Section (II)(B).

ODO reviewed eight detainee detention files and found four files, in which the facility placed detainees in DS prior to the IDP completing and signing a written order (**Deficiency SMU-38**²⁰).

ODO reviewed eight detainee detention files and found four files, in which the facility placed detainees in DS prior to the IDP completing the DS order detailing the reasons for placing the detainee in DS (**Deficiency SMU-39**²¹).

ODO reviewed eight detainee DS files and found facility staff did not document the date nor time the officer released the detainees from segregation on the DS orders for all eight files reviewed (**Deficiency SMU-42**²²).

ODO reviewed 20 detainee SMU housing records and found detention officers (DOs) did not record meals served nor visitors (**Deficiency SMU-61**²³).

Corrective Action: Prior to the completion of the inspection, the facility created and implemented a new SMU housing record to record all activities concerning detainees in SMU. The facility informed officers to use the new form (**C-2**).

ODO reviewed 20 detainee SMU housing records and found DOs did not record the detainee's name, A-number, housing location, date admitted, reasons for admission, status review date, tentative release date for detainee in disciplinary segregation, the authorizing official, nor the date the detainee was released (**Deficiency SMU-62**²⁴).

Corrective Action: Prior to the completion of the inspection, the facility created and implemented a new SMU record to include all required information. The facility informed officers to use the new form (**C-3**).

ODO reviewed 20 detainee SMU housing records and found DOs do not immediately prepare the Special Management Housing Unit Record or comparable form upon the detainee's placement in the SMU (**Deficiency SMU-64**²⁵).

ODO reviewed 20 detainee SMU housing records and found DOs do not record whether the

²⁰ "A written order shall be completed and signed by the chair of the IDP (or disciplinary hearing officer) before a detainee is placed into disciplinary segregation." See ICE NDS 2019, Standard, Special Management Units, Section (II)(B)(2).

²¹ "Prior to a detainee's actual placement in disciplinary segregation, the IDP shall complete the disciplinary segregation order detailing the reasons for placing the detainee in disciplinary segregation." See ICE NDS 2019, Standard, Special Management Units, Section (II)(B)(2)(a).

²² "When the detainee is released from disciplinary segregation, the releasing officer shall indicate the date and time of release on the disciplinary segregation order." See ICE NDS 2019, Standard, Special Management Units, Section (II)(B)(2)(c).

²³ "A permanent log shall be maintained in the SMU to record all activities concerning SMU detainees (e.g., meals served, recreational time, visitors, etc.)." See ICE NDS 2019, Standard, Special Management Units, Section (II)(D)(1).

²⁴ "The SMU log shall record the detainee's name, A-number, housing location, date admitted, reasons for admission, status review dates, tentative release date (for detainees in disciplinary segregation), the authorizing official, and date released." See ICE NDS 2019, Standard, Special Management Units, Section (II)(D)(1).

²⁵ "The Special Management Housing Unit Record or comparable form shall be prepared immediately upon the detainee's placement in the SMU." See ICE NDS 2019, Standard, Special Management Units, Section (II)(D)(2). **This is a repeat deficiency.**

detainee ate or took any medication (**Deficiency SMU-65**²⁶).

ODO reviewed 20 detainee SMU housing records and found DOs did not print their name and sign the record (**Deficiency SMU-66**²⁷).

Corrective Action: Prior to the completion of the inspection, the facility created and implemented a new SMU record to record the officer's printed name and signature. The facility informed officers to use the new form (**C-4**).

ODO reviewed 20 detainee SMU housing records and found medical staff did not sign each detainee's record when the staff member visited a detainee in the SMU (**Deficiency SMU-67**²⁸).

Corrective Action: Prior to the completion of the inspection, the facility created and implemented a new SMU record to include a section for medical staff to sign each detainee's record. The facility informed medical staff to use the new form (**C-5**).

ODO reviewed 20 detainee SMU housing records and found DOs did not initial the records after medical staff completed their visits (**Deficiency SMU-68**²⁹).

Corrective Action: Prior to the completion of the inspection, the facility created and implemented a new SMU record to include an area for DOs to initial the record. The facility informed officers to use the new form (**C-6**).

ODO reviewed 20 medical records of detainees in SMU and found in 18 files a health care professional did not evaluate the detainees prior to their placement in SMU, nor within 24 hours of their placement in SMU (**Deficiency SMU-87**³⁰).

ODO reviewed 20 medical records of detainees in SMU and found medical staff do not record health care visits on the SMU housing record (**Deficiency SMU-91**³¹).

ODO reviewed 20 detainee SMU housing records and found the facility does not schedule recreation during waking hours (**Deficiency SMU-120**³²).

²⁶ “The special housing unit officer shall immediately record:

1. Whether the detainee ate, showered, recreated and took any medication.” See ICE NDS 2019, Standard, Special Management Units, Section (II)(D)(2)(a)(1).

²⁷ “The special housing unit officer shall immediately record: ...

3. The officer that conducts the activity shall print his or her name and sign the record.” See ICE NDS 2019, Standard, Special Management Units, Section (II)(D)(2)(a)(3).

²⁸ “The facility medical staff shall sign each individual’s record when the medical staff member visits a detainee in the SMU.” See ICE NDS 2019, Standard, Special Management Units, Section (II)(D)(2)(b).

²⁹ “The housing officer shall initial the record after the medical visits are completed, but no later than the end of the shift.” See ICE NDS 2019, Standard, Special Management Units, Section (II)(D)(2)b).

³⁰ “Detainees must be evaluated by a health care professional prior to placement in an SMU (or when that is infeasible, as soon as possible and no later than within 24 hours of placement).” See ICE NDS 2019, Standard, Special Management Units, Section (II)(M). **This is a repeat deficiency.**

³¹ “Health care visits shall be recorded on the SMU housing record or comparable form.” See ICE NDS 2019, Standard, Special Management Units, Section (II)(M).

³² “Detainees in the SMU shall be offered at least one hour of recreation per day, outside their cells and scheduled at a reasonable time, at least five days per week.” See ICE NDS 2019, Standard, Special Management Units, Section (II)(V).

CARE

FOOD SERVICE (FS)

ODO interviewed the food service director and found all food service personnel do not receive a preemployment medical examination (**Deficiency FS-86³³**).

HUNGER STRIKES (HS)

ODO reviewed █ staff training records and found all staff did not receive initial nor annual hunger strike training (**Deficiency HS-1³⁴**).

MEDICAL CARE (MC)

ODO reviewed █ medical credential files and was unable to verify the validity of all the professional licensures and/or certifications (**Deficiency MC-11³⁵**).

ODO interviewed the HSA and jail administrator, who stated DOs conduct initial medical, dental, and mental health screenings, and do not receive specialized training on how to conduct those screenings (**Deficiency MC-12³⁶**).

ODO reviewed █ training records and found the physician does not train nurses to perform health assessments (**Deficiency MC-28³⁷**).

ODO reviewed four limited English proficient (LEP) detainee medical files and found medical staff does not use the interpretation services during all encounters with LEP detainees (**Deficiency MC-39³⁸**).

ODO reviewed the training records of █ and found the dentist does not annually train nurses on how to conduct a dental exam (**Deficiency MC-45³⁹**).

³³ “All food service personnel (both staff and detainee) shall receive a documented preemployment medical examination.” See ICE NDS 2019, Standard, Food Service, Section (II)(I)(3)(a). **This is a repeat deficiency.**

³⁴ “All staff shall be trained initially and annually thereafter to recognize the signs of a hunger strike, and to implement the procedures for referral for medical assessment and for management of a detainee on a hunger strike.” See ICE NDS 2019, Standard, Hunger Strikes, Section (II)(A).

³⁵ “Health care staff shall have a valid professional licensure and/or certification for the jurisdiction in which they practice and will perform duties within the scope of their clinical license.” See ICE NDS 2019, Standard, Medical Care, Section (II)(C). **This is a repeat deficiency.**

³⁶ “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).

³⁷ “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). **This is a repeat deficiency.**

³⁸ “Facilities shall provide appropriate interpretation and language services for LEP detainees related to medical and mental health care.” See ICE NDS 2019, Standard, Medical Care, Section (II)(G). **This is a repeat deficiency.**

³⁹ “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). **This is a repeat deficiency.**

ODO reviewed █ DO training records and found █ DO did not receive training for responding to health-related emergencies within a █ response time (**Deficiency MC-57**⁴⁰) nor training for distributing medication (**Deficiency MC-65**⁴¹).

ODO reviewed the medical file of a detainee who arrived with psychotropic medication, and an FCADC medical provider renewed the prescription, but did not obtain an informed consent form prior to the administration of the psychotropic medication (**Deficiency MC-93**⁴²).

ODO reviewed FCADC's detainee handbook and found it does not notify detainees nor their representatives how to request medical records (**Deficiency MC-102**⁴³).

ODO reviewed the facility's medical care policies and procedures and interviewed the HSA and found the medical care policy does not include information on providing medication to released or transferred detainees or transgender detainees with special needs. ODO noted this as an **Area of Concern**.

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

ODO reviewed █ DO training records and found █ DO did not receive comprehensive suicide prevention training (**Deficiency SSHSPI-2**⁴⁴).

ODO reviewed █ DO training records and found █ DO did not receive specialized training to conduct initial mental health screenings (**Deficiency SSHSPI-5**⁴⁵).

ODO reviewed the medical record of a detainee on suicide watch and found someone other than the mental health provider or physician removed the detainee from suicide precautions (**Deficiency SSHSPI-10**⁴⁶).

ODO reviewed the medical record of a detainee on suicide watch and found the mental health

⁴⁰ "Detention staff and health care staff will be trained to respond to health-related emergencies within a █ response time." See ICE NDS 2019, Standard, Medical Care, Section (II)(K).

⁴¹ "In facilities that are not medically staffed 24 hours a day, medication may be distributed, consistent with state law and/or regulations, by detention officers who have received proper training, but only when medication must be delivered at a specific time when medical staff is not on duty." See ICE NDS 2019, Standard, Medical Care, Section (II)(L).

⁴² "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). **This is a repeat deficiency.**

⁴³ "Detainees and their representatives shall be allowed to request and receive medical records pursuant to facility policy, which shall be communicated to the detainee in the facility handbook." See ICE NDS 2019, Standard, Medical Care, Section (II)(P).

⁴⁴ "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).

⁴⁵ "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 DNS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(C).

⁴⁶ "Only a mental health provider or a physician may remove the detainee from suicide precautions." See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(C).

provider nor the physician evaluated the detainee within 24 hours (**Deficiency SSHSPI-12**⁴⁷).

ODO reviewed the medical record of a detainee placed in a suicide resistant cell and found a mental health provider did not perform welfare checks every [REDACTED] (**Deficiency SSHSPI-22**⁴⁸).

ODO reviewed the medical record of a detainee placed on constant monitoring and found someone other than the mental health provider removed the detainee from constant monitoring (**Deficiency SSHSPI-23**⁴⁹) and a mental health provider did not perform welfare checks every [REDACTED] (**Deficiency SSHSPI-28**⁵⁰).

ACTIVITIES

RELIGIOUS PRACTICES (RP)

ODO interviewed the facility administrator and found the facility does not record a detainee's religious preference during intake (**Deficiency RP-9**⁵¹).

TELEPHONE ACCESS (TA)

ODO reviewed photos of the pro bono legal service information and found the field office does not provide the facility with current pro bono legal service information (**Deficiency TA-13**⁵²).

OTHER STANDARDS REVIEWED

PBNDS 2011 (REVISED 2016) SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO interviewed the jail administrator and found ERO Saint Paul has not reviewed and approved the facility's written SAAPI policy and procedures (**Deficiency SAAPI-14**⁵³).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 17 standards under NDS 2019 and 1 standard under PBNDS 2011 and found the facility in compliance with 6 of those standards. ODO found 47 deficiencies in the remaining 12 standards. ODO commends facility staff for its

⁴⁷ "An evaluation shall take place within 24 hours." See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(D).

⁴⁸ "A mental health provider will perform welfare checks every [REDACTED]." See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(F). **This is a repeat deficiency.**

⁴⁹ "Only a mental health provider may remove a detainee from constant monitoring (one-to-one)." See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(F).

⁵⁰ "A mental health provider will perform welfare checks every [REDACTED]. See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(F). **This is a repeat deficiency.**

⁵¹ "The facility shall record any or no religious preference during in-processing." See ICE NDS 2019, Standard, Religious Practices, Section (II)(C).

⁵² "All Field Offices are responsible for ensuring facilities which house ICE detainees under their jurisdiction are provided with current pro bono legal service information." See ICE NDS 2019, Standard, Telephone Access, Section (II)(E).

⁵³ "The facility's written policy and procedures must be reviewed and approved by ICE/ERO." See ICE PBNDS 2011 (Revised 2016), Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A).

responsiveness during this inspection. ODO also notes that within a week of the conclusion of the inspection, the facility provided a detailed list of corrective actions taken, as well as proposed corrective actions when immediate corrective action was not possible during the inspection. ODO recommends ERO Saint Paul work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2020 (NDS 2019)	FY 2021 (NDS 2019)/ (PBNDS 2011) (Revised 2016)
Standards Reviewed	18	17/1
Deficient Standards	8	12
Overall Number of Deficiencies	21	47
Repeat Deficiencies	0	10
Areas of Concern	3	1
Corrective Actions	0	6