



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

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**Office of Detention Oversight  
Follow-Up/Interim Compliance Inspection**

**Enforcement and Removal Operations  
ERO Saint Paul Field Office**

**Kandiyohi County Jail  
Wilmar, Minnesota**

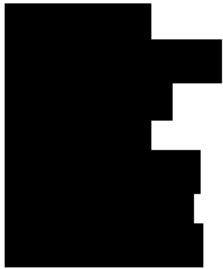
**September 27-29, 2022**

**FOLLOW-UP/INTERIM COMPLIANCE INSPECTION**  
**of the**  
**KANDIYOHI COUNTY JAIL**  
Wilmar, Minnesota

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## **FOLLOW-UP/INTERIM COMPLIANCE INSPECTION TEAM MEMBERS**



Acting Team Lead  
Assistant Team Lead  
Assistant Team Lead  
Contractor  
Contractor  
Contractor  
Contractor

ODO  
ODO  
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Creative Corrections  
Creative Corrections  
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Creative Corrections

## FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a follow-up/interim compliance inspection of the Kandiyohi County Jail (KCJ) in Wilmar, Minnesota, from September 27 to 29, 2022.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last inspection of KCJ from March 28 to 31, 2022. The facility opened in 2001 and is owned by Kandiyohi County and operated by the Kandiyohi County Sheriff’s Office. 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 now operates under the National Detention Standards (NDS) 2019.<sup>2</sup>

ERO has no staff assigned to the facility. A facility administrator handles daily operations and manages █ support personnel. Summit Foods provides food services, MEND Correctional Care 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 Bed Capacity <sup>3</sup>	█
Average ICE Population <sup>4</sup>	█
Adult Male Population (as of September 27, 2022)	█
Adult Female Population (as of September 27, 2022)	█

During its last inspection, in Fiscal Year (FY) 2022, ODO found six deficiencies in the following areas: Detention Files (2); Medical Care (2); Special Management Unit (Administrative Segregation) (1); and Special Management Unit (Disciplinary Segregation) (1).

<sup>1</sup> This facility holds both male and female detainees with low, medium-low, medium-high, and high security classification levels for periods greater than 72 hours.

<sup>2</sup> In August 2022, the facility executed a contract modification, changing from NDS 2000 to NDS 2019.

<sup>3</sup> Data Source: ERO Facility List as of September 27, 2022.

<sup>4</sup> *Ibid.*

## **FOLLOW-UP/INTERIM COMPLIANCE INSPECTION PROCESS**

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

Follow-Up/Interim Compliance Inspections focus on facilities that changed their contractually required ICE National Detention Standards (i.e., from NDS 2000 to NDS 2019) following their first ODO inspection of the FY. ODO will conduct a complete review of several core standards, in accordance with the facility's new contractually required ICE National Detention Standards, which include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Special Management Units, Educational Policy (FRS only), Behavior Management (FRS only), Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's uniform corrective action plan (UCAP), and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards.

## FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected <sup>5,6</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Environmental Health and Safety	2
<b>Sub-Total</b>	<b>2</b>
<b>Part 2 – Security</b>	
Admission and Release	0
Custody Classification System	4
Facility Security and Control	1
Funds and Personal Property	1
Special Management Unit	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>6</b>
<b>Part 4 – Care</b>	
Food Service	1
Hunger Strikes	1
Medical Care	10
Significant Self-Harm and Suicide Prevention and Intervention	1
<b>Sub-Total</b>	<b>13</b>
<b>Part 5 – Activities</b>	
Recreation	0
Telephone Access	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 – Justice</b>	
Grievance System	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 7 – Administration and Management</b>	
Detention Files	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>21</b>

<sup>5</sup> For greater detail on ODO’s findings, see the *Follow-up/Interim Inspection Findings* section of this report.

<sup>6</sup> Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

## DETAINEE RELATIONS

ODO interviewed 26 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.

*Detainee Handbook:* Three detainees stated they did not receive their copies of the ICE National Detainee Handbook nor the facility site-specific handbook.

- Action Taken: On September 28, 2022, ODO reviewed the detention files of the three detainees and found all had documented receipt for both copies of the ICE National Detainee Handbook and facility site-specific handbook. On September 28, 2022, at the request of ODO, the facility and ERO Saint Paul staff issued both the ICE National Detainee Handbook and the facility site-specific handbook to the detainees in their preferred language.

*Staff-Detainee Communication:* Four detainees stated they have not had any interaction with an ICE officer since arriving at the facility to discuss their respective cases.

- Action Taken: On September 28, 2022, ERO Saint Paul staff met with the four detainees and talked to each one, providing pertinent information, such as upcoming court hearing dates, and addressed all their other concerns. ODO found nothing to indicate ERO Saint Paul was not conducting regular staff-detainee communication at the facility.

## FOLLOW-UP/INTERIM COMPLIANCE INSPECTION FINDINGS

### SAFETY

#### ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed KCJ's barbering operations, interviewed facility staff, and found KCJ did not provide all equipment and facilities necessary for maintaining sanitary procedures for hair care. Specifically, barber kits did not contain disinfectant solution for grooming tools such as clippers, combs, and other hair care instruments (**Deficiency EHS-47<sup>7</sup>**).

Additionally, ODO found KCJ did not ensure the cleaning and disinfecting of all hair care tools prior to each use. Specifically, barber kits did not contain disinfectant solution for grooming tools

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<sup>7</sup> "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).

such as clippers, combs, and other hair care instruments used on detainees (**Deficiency EHS 48**<sup>8</sup>).

## **SECURITY**

### **CUSTODY CLASSIFICATION SYSTEM (CCS)**

ODO reviewed the KCJ CCS program, reviewed 26 classification files, reviewed 27 staff training records, interviewed facility staff, and found the following deficiencies:

- In █ out of █ staff training records, no documented training on the KCJ classification process (**Deficiency CCS-3**<sup>9</sup>);
- No established system to readily identify a detainee’s classification level. Specifically, ODO observed all detainees, regardless of classification level, wearing the same single-color uniforms, and could not differentiate detainees from one classification to another (**Deficiency CCS-8**<sup>10</sup>);
- In █ out of █ classification files, the facility did not assign the detainee housing based on classification level. Specifically, ODO found the facility raised a detainee’s classification level from minimum to medium solely for the purpose of assigning the detainee to medium custody housing (**Deficiency CCS-14**<sup>11</sup>); and
- In █ out of █ classification files, no assignment of detainee to the least restrictive housing consistent with facility safety and security. Specifically, ODO found the facility raised a detainee’s classification level from minimum to medium solely for the purpose of assigning the detainee to medium custody housing (**Deficiency CCS-15**<sup>12</sup>).

### **FACILITY SECURITY AND CONTROL (FSC)**

ODO reviewed the KCJ front entrance visitor logbook and found no section to identify the person or department visited nor to document the purpose of the visit (**Deficiency FSC-17**<sup>13</sup>).

### **FUNDS AND PERSONAL PROPERTY (FPP)**

ODO reviewed the KCJ site-specific detainee handbook and found no notification to detainees of

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<sup>8</sup> “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).

<sup>9</sup> “The classification system shall ensure: ...

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

<sup>10</sup> “The classification system shall ensure: ...

6. Each facility shall establish a system that readily identifies a detainee’s classification level, for example, color-coded uniforms.”

*See* ICE NDS 2019, Standard, Custody Classification System, Section (II)(A)(6).

<sup>11</sup> “All facilities shall ensure detainees are housed according to their classification level.” *See* ICE NDS 2019, Standard, Custody Classification System, Section (II)(D).

<sup>12</sup> “The classification system shall assign detainees to the least restrictive housing consistent with facility safety and security.” *See* ICE NDS 2019, Standard, Custody Classification System, Section (II)(D).

<sup>13</sup> “Every entry in the logbook will identify the person or department visited and purpose of visit.” *See* ICE NDS 2019, Standard, Facility Security and Control, Section (II)(C)(2)(b).



facility policies and procedures concerning personal property. Specifically, the handbook did not contain the procedures for filing a claim for lost or damaged property (**Deficiency FPP-34**<sup>14</sup>).

## **CARE**

### **FOOD SERVICE (FS)**

ODO reviewed the KCJ fire suppression system inspection logs, interviewed KCJ staff, and found the semiannual inspection of the system had lapsed. Specifically, ODO found the last inspection logged was dated February 2022 (**Deficiency FS-112**<sup>15</sup>).

### **HUNGER STRIKES (HS)**

ODO reviewed █ KCJ staff training records and found in █ out of █ records, no annual training to recognize the signs of a hunger strike and to implement the procedures for medical assessment referral and for management of a detainee on a hunger strike (**Deficiency HS-1**<sup>16</sup>).

### **MEDICAL CARE (MC)**

ODO reviewed the KCJ MC program, 13 log entries, 24 intake screening forms, 34 detainee medical records, and 19 medical staff training records, interviewed facility staff, and found the following deficiencies:

- KCJ did not store all pharmaceuticals in a secure and temperature-controlled area to ensure no alteration in potency. Specifically, ODO found 3 pharmaceutical refrigerator log entries above and 10 log entries below the required temperature range of 35-46 Fahrenheit degrees (**Deficiency MC-10**<sup>17</sup>);
- In 24 out of 24 screening forms, ODO found no inquiries for information of any known acute, emergent, or pertinent past or chronic medical issues, and any disabilities or impairments affecting major life activities. Specifically, KCJ did not ask detainees for information regarding any current suicidal/homicidal ideation or intent during the initial mental health screening (**Deficiency MC-13**<sup>18</sup>);

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<sup>14</sup> “The facility handbook shall notify detainees of facility policies and procedures concerning personal property, including: ...

5. The procedures for filing a claim for lost or damaged property.”

See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(H)(5).

<sup>15</sup> “A qualified contractor shall inspect the system every six months.” See ICE NDS 2019, Standard, Food Service, Section (II)(I)(10)(c).

<sup>16</sup> “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).

<sup>17</sup> “All pharmaceuticals will be stored in a secure area and temperature controlled to ensure no alteration in potency.” See ICE NDS 2019, Standard, Medical Care, Section (II)(B).

<sup>18</sup> “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).

- In [REDACTED] out of [REDACTED] records, no tuberculosis evaluation, including a chest X-ray, for a detainee with human immunodeficiency virus (**Deficiency MC-23**<sup>19</sup>);
- No written plans addressing the management of infectious and communicable diseases, including, but not limited to, testing, isolation, prevention, and education. Specifically, KCJ operated under ICE/ERO’s COVID-19 Pandemic Response Requirements (PRR) “Yellow” status but quarantined incoming detainees for 5 days after a negative COVID-19 test, vice the 10-day quarantine requirement (**Deficiency MC-25**<sup>20</sup>);
- In [REDACTED] out of [REDACTED] training records, no consistent comprehensive health assessment within 14 days of the detainees’ arrival at the facility. Specifically, ODO found KCJ conducted 4 comprehensive health assessments between 15 and 32 days from the date of their arrival (**Deficiency MC-27**<sup>21</sup>);
- In [REDACTED] out of [REDACTED] training records for non-dental clinicians who performed dental examinations, no annual training on how to conduct the dental exam by a dentist (**Deficiency MC-45**<sup>22</sup>);
- In [REDACTED] out of [REDACTED] training records, no training of detention and health care staff to respond to health-related emergencies within a 4-minute response time. Specifically, eight medical staff did not receive cardiopulmonary resuscitation training (**Deficiency MC-59**<sup>23</sup>);
- In [REDACTED] out of [REDACTED] medical records in which the facility administered psychotropic medication, no separate, documented informed-consent forms (**Deficiency MC 93**<sup>24</sup>);
- Site-specific detainee handbook did not state detainees may request and receive medical records pursuant to facility policy (**Deficiency MC-102**<sup>25</sup>); and
- In [REDACTED] out of [REDACTED] female detainee medical records, no inquiries nor performance of a comprehensive evaluation during the initial health assessment for women’s medical care. Specifically, the facility did not inquire about and perform the following:

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<sup>19</sup> “All detainees with suspected or confirmed TB disease shall be evaluated for human immunodeficiency virus (HIV), and all detainees with HIV shall be evaluated for TB disease, which includes a chest x- ray.” See ICE NDS 2019, Standard, Medical Care, Section (II)(D)(1).

<sup>20</sup> “The facility will have written plans that address the management of infectious and communicable diseases, including, but not limited to, testing, isolation, prevention, and education.” See ICE NDS 2019, Standard, Medical Care, Section (II)(D)(2).

<sup>21</sup> “The facility will conduct and document a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee’s arrival at the facility.” See ICE NDS 2019, Standard, Medical Care, Section (II)(E).

<sup>22</sup> “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).

<sup>23</sup> “Detention staff and health care staff will be trained to respond to health-related emergencies within a 4-minute response time. This training will be provided by a responsible medical authority in cooperation with the facility and will include the following: ...

b. The administration of first aid and cardiopulmonary resuscitation (CPR).” See ICE NDS 2019, Standard, Medical Care, Section (II)(K)(b).

<sup>24</sup> “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).

<sup>25</sup> “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).

- If the detainee is currently nursing (breastfeeding);
- Use of contraception;
- Reproductive history (number of pregnancies, number of live births, number of spontaneous/elective abortions, pregnancy complications, etc.);
- Menstrual cycle;
- Family history of breast and gynecological problems; and
- Any history of physical or sexual victimization and when the incident occurred (**Deficiency MC-138**<sup>26</sup>).

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

ODO reviewed █ KCJ staff training records and found in █ out of █ records, no annual comprehensive suicide prevention refresher training (**Deficiency SSHSPI-2**<sup>27</sup>).

**CONCLUSION**

During this inspection, ODO assessed the facility’s compliance with 16 standards under NDS 2019 and found the facility in compliance with 8 of those standards. ODO found 21 deficiencies in the remaining 8 standards. ODO recommends ERO St. Paul work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the UCAP for ODO’s last inspection of KCJ in March 2022.

<b>Compliance Inspection Results Compared</b>	<b>First FY 2022 (NDS 2000)/ (NDS 2019)</b>	<b>Second FY 2022 (NDS 2019)</b>
Standards Reviewed	22/1	16
Deficient Standards	4	8
Overall Number of Deficiencies	6	21
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	N/A

<sup>26</sup> “In addition to the criteria listed on the health assessment form, the evaluation shall inquire about and perform the following: ...

- b. If the detainee is currently nursing (breastfeeding);
- c. Use of contraception;
- d. Reproductive history (number of pregnancies, number of live births, number of spontaneous/elective abortions, pregnancy complications, etc.);
- e. Menstrual cycle; ...
- g. Family history of breast and gynecological problems; and
- h. Any history of physical or sexual victimization and when the incident occurred.”

*See ICE NDS 2019, Standard, Medical Care, Section (II)(U)(1)(b-e,g,h).*

<sup>27</sup> “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).*