



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

**Office of Detention Oversight
Compliance Inspection
2023-001-071**

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

**Freeborn County Adult Detention Center
Albert Lea, Minnesota**

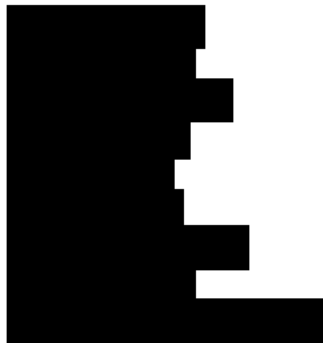
January 31-February 2, 2023

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

TABLE OF CONTENTS

FACILITY OVERVIEW	4
COMPLIANCE INSPECTION PROCESS	5
FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES.....	6
DETAINEE RELATIONS.....	7
COMPLIANCE INSPECTION FINDINGS	7
SAFETY.....	7
TRANSPORTATION BY LAND	7
SECURITY	8
ADMISSION AND RELEASE	8
SPECIAL MANAGEMENT UNIT	8
CARE	9
MEDICAL CARE.....	9
SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION	9
TERMINAL ILLNESS AND DEATH.....	9
ACTIVITIES	9
VISITATION.....	9
CONCLUSION	10

COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections
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 Freeborn County Adult Detention Center (FCADC) in Albert Lea, Minnesota, from January 31 to February 2, 2023.¹ The facility opened in 2004 and is owned and operated by the Freeborn County Sheriff's Office. 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 in Saint Paul (ERO Saint Paul). The facility operates under the National Detention Standards (NDS) 2019.

ERO does not have deportation officers (DO) assigned permanently to the facility, the DOs will conduct scheduled and unscheduled visits during the week. An FCADC jail administrator handles daily facility operations and manages support 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 Bed Capacity ²	
Average ICE Population ³	
Adult Male Population (as of January 31, 2023)	
Adult Female Population (as of January 31, 2023)	

During its last full inspection, in Fiscal Year (FY) 2022, ODO found four deficiencies in the following areas: Admission and Release (2); Correspondence and Other Mail (1); and Detention Files (1).

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

² Data Source: ERO Facility List as of February 6, 2023.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, and where detainees are housed for over 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 highlights instances when 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.

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	0
Transportation by Land	2
Sub-Total	2
Part 2 - Security	
Admission and Release	1
Custody Classification System	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Use of Force and Restraints	0
Special Management Unit	1
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	2
Part 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Medical Care	1
Significant Self-Harm and Suicide Prevention and Intervention	1
Terminal Illness and Death	1
Disability Identification, Assessment, and Accommodation	0
Sub-Total	3
Part 5 - Activities	
Correspondence and Other Mail	0
Recreation	0
Visitation	1
Sub-Total	1
Part 6 - Justice	
Detainee Handbook	0
Sub-Total	0
Total Deficiencies	8

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

⁶ 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 13 detainees, who each voluntarily agreed to participate. One detainee refused to be interviewed, and the facility quarantined two other detainees per COVID-19 protocols. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

Medical Care: One detainee stated he had a painful left eye.

- Action Taken: ODO interviewed the FCADC health services administrator (HSA), reviewed the detainee’s medical record, and confirmed the detainee submitted a sick call request on January 25, 2023, for an eye examination. On January 26, 2023, the FCADC medical staff performed an eye exam and determined his visual acuity at 20/25 in the right eye, 20/40 in the left eye, and 20/20 for both eyes. Medical staff advised the detainee to rest his eyes when they felt painful and to notify the medical staff if pain persisted. On January 29, 2023, the detainee submitted another sick call request to see an FCADC doctor. On February 1, 2023, an FCADC doctor examined him and ordered blood tests. On February 9, 2023, medical staff received the lab test results, reviewed them with the detainee, and explained all results were normal. Medical staff advised the detainee to submit another sick call request if issues continue.

Medical Care: One detainee stated he wanted an FCADC dentist to examine his multiple painful teeth.

- Action Taken: ODO interviewed the HSA, reviewed the detainee’s medical record, and found an FCADC doctor examined the detainee for painful teeth on January 20, 2023, and prescribed Orajel four times a day and saltwater rinses. On February 1, 2023, the HSA informed the detainee of his referral to an off-site dentist and to continue with the prescribed treatment. On the same day, FCADC submitted a request to the ICE Health Service Corps (IHSC) for an off-site dentist exam. As of February 15, 2023, IHSC was still working the issue of scheduling the detainee with a local dentist. Medical staff advised the detainee of the scheduling issue and advised him to submit a sick call request if new issues occurred.

COMPLIANCE INSPECTION FINDINGS

SAFETY

TRANSPORTATION BY LAND (TL)

ODO interviewed the FCADC HSA who informed ODO that facility medical staff placed medical documentation and medication in a sealed envelope marked “Confidential Medical Records” and

did not include the detainee’s name and non-citizen number (**Deficiency TL-8⁷**).

ODO interviewed the FCADC staff, reviewed FCADC detainee movement and transportation policies, and found no posted written guidelines for locating a late arriving vehicle to FCADC (**Deficiency TL-29⁸**).

Corrective Action: FCADC posted written guidelines for locating late arriving vehicles in the central control center. On February 1, 2023, the FCADC jail administrator sent an email to all staff advising them of the posted written guidelines in the central control center (**C-1**).

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed FCADC’s AR policy and five detainee release files, observed FCADC’s intake and release process, interviewed FCADC staff, and found FCADC had not completed certain procedures before a detainee’s release, removal, or transfer from FCADC, to include fingerprinting documentation (**Deficiency AR-28⁹**). **This is a repeat deficiency.**

SPECIAL MANAGEMENT UNIT (SMU)

ODO reviewed five SMU detainee files and found in two out of five files, no evaluation by a health care professional prior to placement of the detainee in SMU or within 24 hours of placement (**Deficiency SMU-87¹⁰**). **This is a priority component.**

⁷ “If official health records accompany the detainee, they are to be placed in a sealed envelope or other container labeled with the detainee’s name and A-number and marked “Confidential Medical Records’ (II)(A).” *See* ICE NDS 2019, Standard, Transportation by Land, Section (II)(A).

⁸ “Each office will develop and post written guidelines for locating an overdue vehicle. If the vehicle does not arrive within a specified time period of the ETA, the contact point will set the tracing procedures in motion.” *See* ICE NDS 2019, Standard, Transportation by Land, Section (II)(K).

⁹ “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.” *See* ICE NDS 2019, Standard, Admission and Release, Section (II)(J).

¹⁰ “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 Unit, Section (II)(M).

CARE

MEDICAL CARE (MC)

ODO reviewed six detainee medical records with documented administration of psychotropic medications and found in three out of six records, no documented informed consent forms with a description of the medications' side effects (**Deficiency MC-93¹¹**). **This is a repeat deficiency. This is a priority component.**

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

ODO reviewed one detainee's medical record with a suicide observation, dated September 18, 2022, and found a mental health evaluation completed on September 24, 2022, which exceeded the 24-hour requirement to complete (**Deficiency SSHSPI-12¹²**).

TERMINAL ILLNESS AND DEATH (TID)

ODO reviewed FCADC's policies for the care of terminally ill detainees, the procedure in the event of detainee death, and end-of-life decision making, and found no written procedures directing ERO Saint Paul to contact a detainee's family in the event of serious illness or death (**Deficiency TID-9¹³**).

ACTIVITIES

VISITATION (V)

ODO reviewed the FCADC's visitation policy and detainee handbook and found no written legal visitation procedure for the exchange of documents between the detainee and his/her legal representative (or legal assistant), even when contact visitation rooms were unavailable (**Deficiency V-58¹⁴**).

¹¹ "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).

¹² "Detainees identified as at risk for suicide or self-harm shall immediately referred to a mental health provider. An evaluation shall take place within 24 hours." *See* ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(D).

¹³ "Written procedures will provide for the facility's direct coordination with ICE/ERO in communicating news of the serious illness or death of a detainee." *See* ICE NDS 2019, Standard, Terminal Illness and Death, Section (II)(B)(1).

¹⁴ "The facility's written legal visitation procedures must provide for the exchange of documents between detainee and legal representative (or legal assistant) even when contact visitation rooms are unavailable." *See* ICE NDS 2019, Standard, Visitation, Section (II)(G)(9).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 19 standards under NDS 2019 and found the facility in compliance with 12 of those standards. ODO found eight deficiencies in the remaining seven standards. Since FCADC’s last full inspection in March 2022, the facility’s overall compliance with the ICE NDS 2019 has trended down. FCADC went from three deficient standards and four deficiencies in March 2022 to seven deficient standards and eight deficiencies during this most recent full inspection, which includes a repeat deficiency for not completing certain procedures before any detainee’s release, removal, or transfer from the facility, and two priority component deficiencies. One priority component deficiency in the Special Management Unit standard for not completing a medical assessment of detainees placed there and a second priority component deficiency in the Medical Care standard for not obtaining a signed informed consent form prior to administering psychotropic medications. ODO did not review Transportation (By Land), Terminal Illness and Death, nor the Visitation standards during the March 2022 inspection as they were not FY 2022 core standards, and these standards accounted for four out of eight deficiencies found during this most recent inspection. ODO has not received a completed uniform corrective action plan (UCAP) for the full inspection in March 2022 but received UCAP for the follow-up inspection in August 2022; however, the facility’s corrective actions indicated on the UCAP for the psychotropic medication deficiency and the incomplete release procedures appears to be insufficient to prevent further reoccurrence of those deficiencies since ODO cited both as repeat deficiencies during this inspection. ODO recommends ERO Saint Paul continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2022 Full Inspection (NDS 2019)	FY 2023 Full Inspection (NDS 2019)
Standards Reviewed	19	19
Deficient Standards	3	7
Overall Number of Deficiencies	4	8
Priority Component Deficiencies	N/A	2
Repeat Deficiencies	1	2
Areas Of Concern	0	0
Corrective Actions	0	1
Facility Rating	Superior	Good