



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**

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

September 21-25, 2020

COMPLIANCE INSPECTION
of the
Freeborn County Adult Detention Center
Albert Lea, Minnesota

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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 September 21-25, 2020.¹ The facility opened in 2000 and is owned by Freeborn County and operated by the Freeborn County Sheriff’s Department. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at FCADC in June 2009, under the oversight of ERO’s Field Office Director (FOD) in St. Paul, MN (ERO St. Paul). The facility operates under the National Detention Standards (NDS) 2019.

ERO has assigned deportation officers to the facility; however, they have not assigned a detention services manager. A FCADC jail administrator handles daily facility operations and is supported by █ personnel. Summit Food Service LLC provides food services and Advance Correctional Healthcare provides medical care. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	84
Average ICE Detainee Population ³	█
Male Detainee Population (as of 9/21/2020)	█
Female Detainee Population (as of 9/21/2020)	N/A

During its last inspection, in Fiscal Year FY 2017, ODO found 9 deficiencies in the following areas: Admission and Release (1); Detainee Classification System (1); Food Service (1); Staff-Detainee Communication (2); Use of Force (2); Medical Care (1); Sexual Abuse and Assault Prevention and Intervention (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 September 21, 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 PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ⁵	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	1
Sub-Total	1
Part 2 – Security	
Admission and Release	0
Custody Classification System	1
Funds and Personal Property	0
Use of Force and Restraints	1
Special Management Units	3
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	5
Part 4 – Care	
Food Service	3
Medical Care	9
Significant Self-Harm and Suicide Prevention and Intervention	2
Disability Identification, Assessment, and Accommodation	0
Sub-Total	14
Part 5 – Activities	
Recreation	0
Religious Practices	0
Telephone Access	1
Visitation	0
Sub-Total	1
Part 6 – Justice	
Grievance Systems	0
Law Libraries and Legal Material	0
Sub-Total	0
Total Deficiencies	21

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, the ERO field office and facility were not able to accommodate this request due to technology issues. As such, the detainee interviews were conducted via telephone.

Medical Care: One detainee stated the facility denied his request for a specific pain medication for his back because the medication was a restricted medication. Additionally, he stated he requested the facility assign him to an empty bottom bunk due to his back pain; however, the facility denied the request.

- Action Taken: ODO reviewed the detainee's medical records and spoke with the facility's medical staff. ODO found the detainee notified the facility he had a back problem on his admission screening form and again during his physical examination, which the facility's medical staff conducted 7-days after his admission to the facility. There was nothing to indicate the facility's medical staff evaluated his back during the physical examination, nor did they prescribe pain medication to the detainee following the physical examination. The detainee submitted a sick call request for back pain, which the facility evaluated him on July 19, 2020. During the evaluation, the detainee informed the facility's medical staff he had back surgery in 2019, and he requested "pills" for the pain; however, the facility's medical staff stated the detainee could not provide the name of the hospital where he had the surgery, nor the name of his doctor. The facility's medical staff denied his request for a lower bunk on September 22, 2020, because there was nothing in his medical record, which indicated he met the criteria for the facility to medically assign him to a lower bunk. The facility's medical staff called the detainee to the medical clinic on September 23, 2020, to re-assess his back pain. The detainee informed the facility's medical staff he was stabbed in the back, about a year ago while in Ecuador, and he now has sharp pain in his back when he climbs into the top bunk. Additionally, he stated while incarcerated at the Hennepin County Jail (HCJ), HCJ's medical staff prescribed him Gabapentin and Benadryl. The facility's medical staff obtained a signed release, requested his previous medical records, and informed the detainee they would develop a medical treatment plan once they receive his medical records. The facility's medical staff instructed him to submit a sick call request if his condition worsens. Additionally, the facility changed the detainee's bunk to a lower bunk.

Medical Care: One detainee stated he informed the facility's medical staff he had back pain and a nurse told him to drink more water. Additionally, he stated the facility's medical staff told him he could not have the medication he wanted because it was a restricted medication.

- Action Taken: ODO reviewed the detainee's medical record and spoke with the facility's medical staff. ODO found the detainee did not mention anything about back pain during his admission screening; however, the facility's medical staff noted

on his physical examination, the detainee stated he had back problems when he lifted things. The facility's medical staff called the detainee to medical on September 23, 2020, to assess his back pain. The detainee reported he had not submitted a sick call request previously because he did not know how to submit sick call requests via the kiosk system. The facility's medical staff informed the detainee he could approach any facility staff member and obtain assistance with using the kiosk system. The facility's medical staff prescribed him Tylenol for his pain, obtained a signed medical release, and submitted the medical release to the Mayo Clinic in Lacrosse, WI, to obtain his previous medical records. The facility's medical staff notified the detainee they would develop a medical treatment plan once they receive his medical records, and instructed him to submit a sick call request if his condition changes.

Medical Care: One detainee stated he is a diabetic, he submitted a request to the facility to change his food because of his medical condition, and the facility had not responded to his request.

- Action Taken: ODO reviewed the detainee's medical records and spoke with the facility's medical staff. ODO found the detainee entered the facility on August 24, 2020, and the facility's medical staff sent a medical diabetic diet request to the facility's food service department on August 25, 2020. The facility's medical staff called the detainee to medical on September 23, 2020, and discussed his dietary complaint with him. The detainee stated he was concerned the excess sugar in his diet, mixed with his insulin, would cause damage to his eyes. The facility followed-up with the facility's food service staff and verified the facility's diabetic diet contained little to no sugar. The facility's medical staff informed ODO they were going to monitor the detainee's vending machine purchases for the next week and follow-up with the detainee to discuss his medical diet and how his vending machine purchases impact his overall health.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO interviewed the facility's training and compliance sergeant and found the facility did not provide hazardous material training to detainee workers (**Deficiency EH&S-1⁶**).

SECURITY

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed FCADC's classification policy, interviewed supervisory staff, and found the facility issued orange uniforms and wristbands to all detainees, regardless of their classification level, and had not established a classification system, which readily identified a detainee's classification level (**Deficiency CCS-1⁷**).

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed the facility's UOF&R policy and found the facility's policy had the facility maintain UOF recordings for a minimum of 90-days instead of 30-months, as required by the standard. Additionally, ODO requested to view the facility's only UOF incident, which occurred during the 12-months preceding the inspection and found the facility was not able to provide video recording of the incident (**Deficiency UOF&R-1⁸**).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed nine SMU logs and found all nine logs did not contain the detainees' name, A-number, housing location, date admitted, reasons for admission, status review dates, tentative release date (for detainees in disciplinary segregation), the authorizing official, nor the date the detainees were released (**Deficiency SMU-1⁹**).

ODO reviewed 10 detainee detention files and found all 10 files did not contain a SMU record or a comparable form (**Deficiency SMU-2¹⁰**).

⁶ "Staff and detainees who work with hazardous materials will have appropriate training, including the classification code and safe handling procedures for each material." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(6).

⁷ "Each facility shall establish a system that readily identifies a detainee's classification level, for example, [REDACTED] See ICE NDS 2019, Standard, Custody Classification System, Section (II)(A)(6).

⁸ "Video, audio, and other recordings shall be cataloged and preserved until no longer needed, but no less than 30 months after their last documented use." See ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(J)(4).

⁹ "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).

¹⁰ "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).

ODO found 7 out of 10 detainee detention files did not contain documentation a health care professional evaluated the detainees prior to their placement in SMU, nor within 24-hours of their placement in SMU (**Deficiency SMU-3¹¹**).

CARE

FOOD SERVICE (FS)

ODO interviewed the facility's food service director (FSD), reviewed their four-week cycle menus, and the facility had not developed nor implemented common fare special menus for the 10 federal holidays (**Deficiency FS-1¹²**).

ODO interviewed the FSD, reviewed FS department records, and found food service personnel did not receive their required pre-employment medical examination (**Deficiency FS-2¹³**).

ODO reviewed photos of the facility's kitchen area and found the facility did not have covers on the trash cans throughout the kitchen area (**Deficiency FS-3¹⁴**).

MEDICAL CARE (MC)

ODO reviewed the credential files for [REDACTED] medical and mental health staff members, and found [REDACTED] credential files lacked primary source verification of the medical and/or mental health staff members' medical licenses (**Deficiency MC-1¹⁵**).

ODO reviewed the facility's medical, dental, and mental health screening procedures, and found detention officers conducted those screenings. ODO reviewed the training records for [REDACTED] detention officers and found nothing to indicate [REDACTED] detention officers were trained to conduct medical, dental, nor mental health screenings on detainees (**Deficiency MC-2¹⁶**).

ODO reviewed 13 detainee medical records and found the facility's medical staff did not conduct a tuberculosis screening test on one detainee upon the detainee's arrival at the facility. ODO found the facility's medical staff conducted the tuberculosis screening six-months after the detainee's

¹¹ "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).

¹² "The common-fare menu is based on a 14-day cycle, with special menus for the 10 Federal Holidays." See ICE NDS 2019, Standard, Food Service, Section (II)(F)(2).

¹³ "All food service personnel (both staff and detainee) shall receive a documented pre-employment medical examination." See ICE NDS 2019, Standard, Food Service, Section (II)(I)(3).

¹⁴ "The garbage/refuse containers shall have sufficient capacity for the volume, and shall be kept covered..." See ICE NDS 2019, Standard, Food Service, Section (II)(I)(5)(j).

¹⁵ "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).

¹⁶ "As soon as possible, but no later than 12 hours after arrival, all detainees shall receive, by a health practitioner or a specially trained detention officer, an initial medical, dental and mental health screening." See ICE NDS 2019, Standard, Medical Care, Section (II)(D).

arrival (**Deficiency MC-3¹⁷**).

ODO reviewed 13 detainee health assessments and found the facility's medical staff had not completed a physical examination for all 13 detainees. Additionally, ODO found the nurse the facility assigned to conduct the health assessments did not have documentation in her training file, which indicated she received initial and annual training by a physician (**Deficiency MC-4¹⁸**).

ODO reviewed the medical records for four limited English proficient (LEP) detainees and found although the facility had access to a language line for interpretation and language services, the facility did not use the language line service during 40 encounters between the LEP detainees and facility's medical staff (**Deficiency MC-5¹⁹**).

ODO reviewed the training records for the [REDACTED] the facility assigned to conduct detainees' initial 14-day dental screenings and found no documentation in the [REDACTED], which indicated a dentist trained the nurses on how to complete the dental screenings (**Deficiency MC-6²⁰**).

ODO interviewed the facility's acting health services administrator (HSA), reviewed the facility's medical policy, and found the facility's jail administrator determined the availability and placement of first aid kits, instead of the clinical medical authority (**Deficiency MC-7²¹**).

ODO reviewed the training records for [REDACTED] detention officers and found [REDACTED] training records did not document the detention officers received training for responding to health-related emergencies (**Deficiency MC-8²²**).

ODO requested to review the consent forms for two detainees the facility's medical staff had prescribed psychotropic medication to and was informed by the facility's acting HSA the facility did not obtain a signed informed consent form from the detainees prior to the administration of the psychotropic medication to the detainees (**Deficiency MC-9²³**).

¹⁷ "All new arrivals shall receive tuberculosis (TB) screening in accordance with the most current Centers for Disease Control and Prevention (CDC) guidelines, prior to being placed in general population." See ICE NDS 2019, Standard, Medical Care, Section (II)(D)(1).

¹⁸ "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. 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)." See ICE NDS 2019, Standard, Medical Care, Section (II)(E).

¹⁹ "Facilities shall provide appropriate interpretation and language services for LEP detainees related to medical and dental health care." See ICE NDS 2019, Standard, Medical Care, Section (II)(G).

²⁰ "If no on-site dentist is available, the initial dental screening may be performed by a physician, physician assistant, nurse practitioner, or registered nurse. 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).

²¹ "The CMA will determine the availability and placement of first aid kits." See ICE NDS 2019, Standard, Medical Care, Section (II)(K).

²² "Detention staff and health care staff will be trained to respond to health-related emergencies." See ICE NDS 2019, Standard, Medical Care, Section (II)(K).

²³ "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).

ODO reviewed the facility's medical policies and procedures, interviewed the facility's jail administrator and acting HSA, and found the facility had not revised their policies to include the following NDS 2019 standards: female health policies; updating the number of days for release/transfer of medications. ODO cited this as an **Area of Concern**.

ODO found one detainee medical record noted the facility's medical staff discontinued providing a medication to the detainee. The medication the facility's medical staff discontinued providing was Suboxone, which is a medication prescribed to treat opioid withdrawal. The detainee's medical record did not indicate why the facility stopped the medication, if the facility followed-up with the detainee after stopping the medication, nor if the facility notified the detainee why they were stopping the medication. ODO noted the facility's lack of documentation as an **Area of Concern**.

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSH&SPI)

ODO reviewed the training files for [REDACTED] facility staff members and found [REDACTED] training files did not document the staff members received annual suicide prevention training. Additionally, ODO reviewed the training material for the facility's suicide prevention program and found the training material did not address demographic, nor cultural factors of suicidal behaviors (**Deficiency SSH&SPI-1²⁴**).

ODO reviewed documentation for two detainees the facility had placed on suicide watch during the 12-months preceding the inspection, interviewed the facility's mental health provider, and found the mental health provider did not perform welfare checks every [REDACTED] for detainees on suicide watch (**Deficiency SSH&SPI-2²⁵**).

ODO found the facility's suicide prevention program policy had not been revised to include the following from the NDS 2019 Significant Self-Harm and Suicide Prevention and Intervention standard: initial evaluation can be done by other healthcare staff if mental health provider is not available, deprivations and restrictions, provisions for detainee's hygiene needs, nor what procedures custody staff were to follow if they encountered an active suicide attempt, which ODO noted as an **Area of Concern**.

²⁴ "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. All of the following topics shall be covered: ...5. Demographic, cultural, and precipitating factors of suicidal behavior." See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(B)(5).

²⁵ "A mental health provider will perform welfare checks every 8 hours." See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(F).

ACTIVITIES

TELEPHONE ACCESS (TA)

ODO reviewed the facility's telephone policy and found the policy did not discuss monitoring detainee telephone calls (**Deficiency TA-1²⁶**).

CONCLUSION

During this inspection, ODO reviewed the facility's compliance with 18 standards under NDS 2019 and found the facility in compliance with 10 of those standards. ODO found 21 deficiencies in the remaining eight standards. Additionally, ODO noted three Areas of Concern between the Medical Care and Significant Self-Harm and Suicide Prevention and Intervention standards. ODO commends facility staff for their responsiveness during this inspection. ODO recommends ERO work with the facility to remedy any deficiencies which remain outstanding, as applicable and in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2017 (NDS 2000)	FY 2020 (NDS 2019)
Standards Reviewed	16	18
Deficient Standards	6	8
Overall Number of Deficiencies	9	21
Repeat Deficiencies	3	N/A
Corrective Actions	1	0

²⁶ "The facility shall have a written policy on the monitoring of detainee telephone calls. If telephone calls are monitored, the facility shall notify detainees of this in a language or manner that they understand and, in the facility, handbook provided upon admission." See ICE NDS 2019, Standard, Telephone Access, Section (II)(K).