

Office of Professional Responsibility

Kandiyohi County Jail

Compliance Inspection 2025-001-047

March 11-13, 2025



U.S. Immigration
and Customs
Enforcement

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

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COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Team Lead	ODO
[REDACTED]	Senior Inspections and Compliance Specialist	ODO
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[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Contractor	Creative Corrections
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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 Kandiyohi County Jail (KCJ) in Wilmar, Minnesota, from March 11 to 13, 2025.¹ The facility opened in 2001 and is owned by Kandiyohi County and operated by Kandiyohi County Sheriff's Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at KCJ in 2017 under the oversight of ERO's Field Office Director in Saint Paul (ERO Saint Paul). The facility operates under the National Detention Standards 2019.

[REDACTED] A facility administrator handles daily operations and manages [REDACTED] support personnel. Skillet Kitchen provides food services, Advanced Correctional Healthcare, Inc. 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	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of March 11, 2025)	[REDACTED]
Adult Female Population (as of March 11, 2025)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 14 deficiencies in the following areas: Environmental Health and Safety (1); Facility Security and Control (1); Medical Care (3); Post Orders (3); Sexual Abuse and Assault Prevention and Intervention (1); Significant Self-Harm and Suicide Prevention and Intervention (1); and Special Management Units (4).

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

² Data Source: ERO Custody Management Division Authorized Facility List as of March 10, 2025.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.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	0
Sub-Total	0
Part 2 – Security	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	2
Use of Force and Restraints	0
Special Management Units	0
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	2
Sub-Total	4
Part 3 – Order	
Disciplinary System	0
Sub-Total	0
Part 4 – Care	
Food Service	0
Medical Care	0
Significant Self-Harm and Suicide Prevention and Intervention	0
Terminal Illness and Death	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	0
Part 5 – Activities	
Recreation	0
Visitation	0
Sub-Total	0
Part 6 – Justice	
Detainee Handbook	0
Grievance System	0
Legal Rights Group Presentations	0
Sub-Total	0
Total Deficiencies	4

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

⁶ Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

DETAINEE RELATIONS

ODO interviewed 38 detainees, who each voluntarily agreed to participate. ODO requested interviews with three additional detainees; however, all three detainees declined ODO's request for an interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concern listed below.

Medical Care: One detainee stated the facility did not provide her with a modified food tray for her diabetes and lactose allergy.

- Action Taken: ODO reviewed the detainee's medical file, interviewed the facility health services administrator (HSA), and confirmed the detainee's medical dietary needs. On April 13, 2023, the HSA annotated the detainee's medical diagnosis; however, the detainee did not request a dietary food tray at any time during her initial detention at KCJ. On June 19, 2023, the detainee left the facility but was subsequently readmitted to the facility on February 18, 2025. The detainee did not request a dietary food tray following her readmittance to KCJ, not until she informed ODO of her desire for a medical diet. On March 12, 2025, the HSA submitted an order for a diabetic and lactose free food tray for the detainee, and ODO confirmed the detainee began receiving her medical diet tray the following day.

COMPLIANCE INSPECTION FINDINGS

SECURITY

HOLD ROOMS IN DETENTION FACILITIES (HRDF)

ODO reviewed the facility's hold rooms (HR) logs and found the facility staff members did not record when they provided detainees their food while in HR (**Deficiency HRDF-36**⁷).

ODO reviewed the facility's HR logs and found the facility does not log their irregular visual monitoring checks of detainees in their HR (**Deficiency HRDF-37**⁸). **This is a priority component.**

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the facility's written SAAPI policy, last updated in July 2024 and found the revised policy did not include a requirement to coordinate with ICE/OPR (**Deficiency SAAPI-11**⁹).

⁷ "The facility will record when food is provided." See ICE NDS 2019, Standard, Hold Rooms in Detention Facilities, Section (II)(D)(3).

⁸ "Officers shall closely supervise the hold rooms through direct supervision, which involves irregular visual monitoring not to exceed 15 minutes between checks (each time recording the time and officer's name or identifier in the detention log)." See ICE NDS 2019, Standard, Hold Rooms in Detention Facilities, Section (II)(D)(4).

⁹ "This policy must mandate zero tolerance toward all forms of sexual abuse and assault, outline the facility's approach to preventing, detecting, and responding to such conduct, and include, at a minimum: ...

5. Procedures for investigation and discipline of assailants, including: ...

ODO reviewed the facility’s written SAAPI policy, last updated in July 2024, and found the revised policy did not include a requirement for the facility to cooperate with all ICE/ERO audits (Deficiency SAAPI-13¹⁰).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 21 standards under NDS 2019 and found the facility in compliance with 19 of those standards. ODO found four deficiencies in the remaining two standards. Since KCJ’s last rated inspection in March 2024, the facility’s level of compliance with NDS 2019 has trended upward. KCJ went from 14 deficiencies in 7 standards, including 2 priority components and 2 repeat deficiencies in March 2024, to 4 deficiencies in 2 standards, which included 1 priority component, during this most recent inspection. KCJ completed its uniform corrective action plan for its last inspection in March 2024, which likely resolved ODO’s previously cited deficiencies. ODO recommends ERO Saint Paul continue to work with the facility to resolve the deficiencies in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2024 Full Inspection (NDS 2019)	FY 2025 Full Inspection (NDS 2019)
Standards Reviewed	24	21
Deficient Standards	7	2
Overall Number of Deficiencies	14	4
Priority Component Deficiencies	2	1
Repeat Deficiencies	2	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Acceptable/Adequate	Good

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- c. Procedures for coordination of internal administrative investigations with the assigned criminal investigative entity to ensure non-interference with criminal investigations, as well as coordination with the ICE Office of Professional Responsibility.”

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A)(5)(c).

¹⁰ “This policy must mandate zero tolerance toward all forms of sexual abuse and assault, outline the facility’s approach to preventing, detecting, and responding to such conduct, and include, at a minimum: ...

7. The facility’s requirement to cooperate with all ICE/ERO audits and monitoring of facility compliance with sexual abuse and assault policies and standards.”

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A)(7).



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