



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
Follow-Up Compliance Inspection**

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

**Carver County Jail
Chaska, Minnesota**

April 19-22, 2021

FOLLOW-UP COMPLIANCE INSPECTION
of the
CARVER COUNTY JAIL
Chaska, Minnesota

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]

Team Lead

ODO

[REDACTED]

Assistant Team Lead

ODO

[REDACTED]

Contractor

Creative Corrections

[REDACTED]

Contractor

Creative Corrections

[REDACTED]

Contractor

Creative Corrections

[REDACTED]

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 follow-up compliance inspection of the Carver County Jail (CCJ) in Chaska, Minnesota, from April 19 to 22, 2021.¹ This inspection focused on the standards found deficient during the last ODO inspection of CCJ from December 7 to 11, 2020. The facility opened in 1995 and is owned and operated by the Carver County Sheriff's Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at CCJ in 2015 under the oversight of the ERO 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 CCJ commander handles daily facility operations and manages █ personnel. Aramark provides food services, Mend Correctional Care provides medical care, and CCJ provides commissary services at the facility. The facility does not hold any national accreditations from outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	9
Average ICE Detainee Population ³	█
Male Detainee Population (as of April 19, 2021)	█
Female Detainee Population (as of April 19, 2021)	N/A

During its last inspection, in Fiscal Year (FY) 2021, ODO found 12 deficiencies in the following areas: Environmental Health and Safety (1); Facility Security and Control (2); Funds and Personal Property (1); Hunger Strikes (1); Medical Care (4); Staff-Detainee Communication (1); and Telephone Access (2).

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 April 5, 2021.

³ *Ibid.*

FOLLOW-UP 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.

While follow-up inspections are intended to focus on previously-identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, 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 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. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

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.

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{4,5}	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	1
Funds and Personal Property	0
Use of Force and Restraints	0
Special Management Units	0
Staff-Detainee Communication	0
Sub-Total	1
Part 4 – Care	
Food Service	2
Hunger Strikes	0
Medical Care	1
Significant Self-Harm and Suicide Prevention and Intervention	0
Sub-Total	3
Part 5 – Activities	
Telephone Access	0
Sub-Total	0
Total Deficiencies	4

⁴ For greater detail on ODO’s findings, see the *Follow-Up Compliance Inspection Findings* section of this report.

⁵ 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

The facility's detainee population count was [REDACTED] during the inspection week. ODO interviewed the detainee, who voluntarily agreed to participate. The detainee did not make allegations of discrimination, mistreatment, or abuse. The detainee reported satisfaction with the facility's services and did not have any complaints. ODO attempted to conduct the detainee interview via video teleconference; however, ERO Saint Paul and the facility were not able to accommodate this request due to technological issues. As such, ODO conducted the detainee interview via telephone.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

FACILITY SECURITY AND CONTROL (FSC)

ODO reviewed the facility's staffing analysis and staffing plan and found the facility does not review and update its staffing analysis and staffing plan annually. Specifically, the facility last reviewed and updated their staffing plan in 2018 (**Deficiency FSC-5⁶**). **This is a repeat deficiency.**

CARE

FOOD SERVICE (FS)

ODO reviewed photos of the chemical storage area in food service, interviewed the food service director, and found staff does not account for how much toxic, flammable, or caustic material is on hand daily (**Deficiency FS-105⁷**).

ODO interviewed the facility's food service director and found staff does not conduct [REDACTED] inspections of all food service areas, including dining, storage, equipment, and food-preparation areas (**Deficiency FS-116⁸**).

MEDICAL CARE (MC)

ODO reviewed three training records of non-dental clinicians that conducted initial dental screenings and found all three records did not contain documentation indicating the non-dental clinicians received training on how to conduct the exam by a dentist (**Deficiency MC-45⁹**). **This**

⁶ "The facility shall develop and document comprehensive detainee supervision guidelines, as well as a comprehensive staffing analysis and staffing plan, to determine and meet the facility's detainee supervision needs; these shall be reviewed and updated at least annually." See ICE NDS 2019, Standard, Facility Security and Control, Section (II)(A).

⁷ "All staff members shall know where and how much toxic, flammable, or caustic material is on hand, and be aware that their use must be controlled and accounted [REDACTED] See ICE NDS 2019, Standard, Food Service, Section (II)(I)(9)(b).

⁸ "The facility shall implement written procedures for the administrative or food service personnel conducting the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas and an annual independent inspection ensuring that all governmental health and safety codes are being met." See ICE NDS 2019, Standard, Food Service, Section (II)(I)(11)(a).

⁹ "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).

is a repeat deficiency.

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 13 standards under NDS 2019 and found the facility in compliance with 10 of those standards. ODO found four deficiencies in the remaining three standards. ODO commends the facility's staff for its responsiveness during this 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	First FY 2021 (NDS 2019)	Second FY 2021 (NDS 2019)
Standards Reviewed	18	13
Deficient Standards	7	3
Overall Number of Deficiencies	12	4
Repeat Deficiencies	0	2
Areas of Concern	0	0
Corrective Actions	0	0