



**U.S. Department of Homeland Security**  
U.S. Immigration and Customs Enforcement  
Office of Professional Responsibility  
Inspections and Detention Oversight Division  
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Office of Detention Oversight  
Compliance Inspection

Enforcement and Removal Operations  
ERO Saint Paul Field Office

Carver County Jail  
Chaska, Minnesota

December 7-11, 2020

**COMPLIANCE INSPECTION**  
**of the**  
**CARVER COUNTY JAIL**  
Chaska, Minnesota

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## COMPLIANCE INSPECTION TEAM MEMBERS



Acting Team Lead

Inspections and Compliance Specialist

Inspections and Compliance Specialist

Contractor

Contractor

Contractor

Contractor

ODO

ODO

ODO

Creative Corrections

Creative Corrections

Creative Corrections

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 Carver County Jail (CCJ) in Chaska, Minnesota, from December 7 to 11, 2020.<sup>1</sup> The facility opened in 1995 and is owned and operated by Carver County Sheriff's Office (CCSO). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at CCJ in 1995 under the oversight of ERO's Field Office Director (FOD) in Saint Paul (ERO Saint Paul). The facility operates under the National Detention Standards (NDS) 2019.

ERO has not assigned deportation officers nor a detention services manager to the facility. A CCJ commander handles daily facility operations and is supported by █ personnel. Aramark provides food services, MEND provides medical care, and CCJ provides commissary services at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	9 <sup>3</sup>
Average ICE Detainee Population <sup>4</sup>	█
Male Detainee Population (as of 12/7/2020)	█
Female Detainee Population (as of 12/7/2020)	N/A

During its last inspection, in Fiscal Year (FY) 2020, ODO found 13 deficiencies in the following areas: Custody Classification System (3); Environmental Health and Safety (4); Grievance System (1); Sexual Abuse and Assault Prevention and Intervention (1); Staff-Detainee Communication (1); Medical Care (1); Funds and Personal Property (1); and Visitation (1).

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

<sup>2</sup> Data Source: ERO Facility List Report as of December 7, 2020.

<sup>3</sup> The ERO Facility List Report indicated the facility's ICE detainee bed capacity is "As Needed." The FY 2021 max population count as of December 7, 2020, was nine detainees.

<sup>4</sup> Data Source: ERO Facility List Report as of December 7, 2020.

## 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.<sup>5</sup>

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.

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<sup>5</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected <sup>6&amp;7</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Environmental Health and Safety	1
<b>Sub-Total</b>	<b>1</b>
<b>Part 2 – Security</b>	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	2
Funds and Personal Property	1
Use of Force and Restraints	0
Special Management Units	0
Staff-Detainee Communication	1
Sexual Abuse and Assault Prevention and Intervention	0
<b>Sub-Total</b>	<b>4</b>
<b>Part 4 – Care</b>	
Food Service	0
Hunger Strikes	1
Medical Care	4
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>5</b>
<b>Part 5 – Activities</b>	
Religious Practices	0
Telephone Access	2
<b>Sub-Total</b>	<b>2</b>
<b>Part 6 – Justice</b>	
Grievance System	0
Law Libraries and Legal Materials	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>12</b>

<sup>6</sup> For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

<sup>7</sup> 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

ODO interviewed six detainees, who each voluntarily agreed to participate. The facility housed only six detainees during the inspection. 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.

*Food Service:* Several detainees stated the facility's food service staff served three cold meals per day and did not serve a hot meal.

- Action Taken: ODO reviewed the facility's food service menu, interviewed the facility's food service director and a shift supervisor, and found the facility developed a contingency menu due to the COVID-19 pandemic, which a dietician approved on October 22, 2020. The evening meal was a cold, bagged meal, which met all dietary requirements. The breakfast and lunch meals were hot meals and met all dietary requirements.

*Medical Care:* One detainee stated the facility's medical staff took between one and two-months to see him after he submitted a sick call request and the facility's medical staff took a long time to provide him with his medication. Additionally, he stated he requested medication for an ankle problem, but the facility had not provided him with the requested medication.

- Action Taken: ODO spoke with a facility supervisory registered nurse (SRN) and requested the SRN provide ODO with a detailed list of all of the detainee's medical encounters. The SRN informed ODO the facility's medical staff had seen and evaluated this detainee 26 times since his arrival at CCJ, and the facility's medical staff last evaluated him on November 29, 2020. The SRN stated the detainee was enrolled in the facility's chronic care clinic, the facility's medical staff either provided or adjusted his medications during each encounter, and the facility's medical staff had counseled the detainee on his refusal to take his medication five times in the past year.

Additionally, the SRN stated the detainee complained of ankle pain and requested medical shoes in June 2020. The facility's medical staff began documenting the detainee's activity in an activity log, and the facility's medical staff documented the detainee ran laps in the gym and worked out daily. The facility's medical staff approved the detainee's request for medical shoes in July 2020, and prescribed the detainee pain medication for his ankle. The prescription was still active at the time of the inspection.

# COMPLIANCE INSPECTION FINDINGS

## SAFETY

### ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO interviewed a shift supervisor, reviewed the facility's hazardous material inventory records and the [REDACTED] and found the facility did not have a perpetual inventory of the hazardous (flammable, toxic, or caustic) substances used at the facility, and the facility did not maintain inventory records on hazardous materials (**Deficiency EH&S-2<sup>8</sup>**).

## SECURITY

### FACILITY SECURITY AND CONTROL (FS&C)

ODO reviewed the CCSO's staffing policy manual, spoke with the facility's staff, and found CCSO had not reviewed nor updated the CCJ's staffing analysis and staffing plan since [REDACTED] (**Deficiency FS&C-5<sup>9</sup>**).

ODO reviewed the facility's FS&C policy, spoke with facility staff, and found the facility did not have a policy for the disposal or destruction of contraband (**Deficiency FS&C-28<sup>10</sup>**).

### FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the facility's detainee handbook and found it did not notify detainees of facility policies and procedures concerning personal property. Specifically, the facility's detainee handbook did not specify what items detainees may retain in their possession, inform detainees they could request a copy of any identity documents (passport, birth certificate, etc.), nor inform detainees how to file a claim for lost or damaged property (**Deficiency F&PP-34<sup>11</sup>**).

### STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed two ICE requests detainees submitted to ERO Saint Paul and found neither request documented the date the facility forwarded the request to ERO Saint Paul, nor the date the facility

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<sup>8</sup> "The facility will establish a system for storing, issuing, and maintaining inventories of, and accountability for, hazardous materials." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A).

<sup>9</sup> "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).

<sup>10</sup> "The facility shall establish a procedure for the disposal and/or destruction of contraband items." See ICE NDS 2019, Standard, Facility Security and Control, Section (II)(H)(1).

<sup>11</sup> "The facility handbook shall notify detainees of facility policies and procedures concerning personal property, including:

1. Which items they may retain in their possession;
2. That, upon request, they will be provided a copy of any identity document (passport, birth certificate, etc.) placed in their A-files or detention files; ...
5. The procedures for filing a claim for lost or damaged property?" See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(H)(1)(2) and (5).



returned the requests to the detainees (**Deficiency SDC-19<sup>12</sup>**).

## **CARE**

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

ODO reviewed the facility's staff training documentation, spoke with the SRN, and found the facility did not train staff initially nor annually on hunger strikes (**Deficiency HS-1<sup>13</sup>**).

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

ODO reviewed 12 detainee medical files and found the facility did not conduct a tuberculosis (TB) screening for 3 out of 12 detainees prior to placing those detainees in general population. Additionally, one out of the three detainees had a history of a positive TB screening; however, ODO found nothing to indicate the facility's medical staff obtained a chest x-ray for the detainee (**Deficiency MC-18<sup>14</sup>**).

ODO reviewed the training files for the [REDACTED] staff who conducted detainees' initial dental exams and found there was no documentation in the [REDACTED] files, which indicated a dentist provided the [REDACTED] staff members with annual training on how to conduct the dental exams (**Deficiency MC-45<sup>15</sup>**).

ODO reviewed 12 detainee medical files and found the facility had not obtained a signed informed consent for medical care from all 12 detainees (**Deficiency MC-92<sup>16</sup>**).

ODO reviewed the detainee medical files for two detainees the facility prescribed psychotropic medications to and found one out of two files did not contain a separate informed consent, which included a description of the psychotropic medication's side effects (**Deficiency MC-93<sup>17</sup>**).

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<sup>12</sup> "Record Keeping and File Maintenance

The date the request was forwarded to ICE/ERO and the date it was returned shall be recorded." See ICE NDS 2019, Standard, Staff-Detainee Communication, Section (II)(C)(2).

<sup>13</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>14</sup> "All new arrivals shall receive tuberculosis (TB) screening in accordance with the most current Centers for Disease Control and Prevention (CDC) guidelines, including, but not limited to, CDC Guidelines for Correctional Facilities, prior to being placed in general population..." See ICE NDS 2019, Standard, Medical Care, Section (II)(D)(1).

<sup>15</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>16</sup> "The facility health care practitioner will obtain specific signed and dated consent forms from all detainees before any medical examination or treatment, except in emergency circumstances." See ICE NDS 2019, Standard, Medical Care, Section (II)(O).

<sup>17</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).

## ACTIVITIES

### TELEPHONE ACCESS (TA)

ODO interviewed the facility's staff and found the facility's staff did not conduct daily inspections of the detainee telephones. Instead, the facility's staff relied on the telephone service provider to notify them of system outages or for detainees to notify them when telephones were not working (**Deficiency TA-7<sup>18</sup>**).

ODO found the facility had not placed a notice at each detainee telephone, which notified the detainees the facility monitored the telephones, nor how to obtain an unmonitored legal call (**Deficiency TA-41<sup>19</sup>**).

## CONCLUSION

During this inspection, ODO assessed CCJ's compliance with 18 standards under NDS 2019 and found the facility in compliance with 11 of those standards. ODO found 12 deficiencies in the remaining seven standards. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding, in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2020 (NDS 2019)</b>	<b>FY 2021 (NDS 2019)</b>
Standards Reviewed	18	18
Deficient Standards	8	7
Overall Number of Deficiencies	13	12
Repeat Deficiencies	0	0
Areas of Concern	0	0
Corrective Actions	0	0

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<sup>18</sup> "The facility shall maintain detainee telephones in proper working order. Appropriate facility staff shall inspect the telephones daily, promptly report out-of-order telephones to the repair service, and ensure required repairs are completed quickly." See ICE NDS 2019, Standard, Telephone Access, Section (II)(D).

<sup>19</sup> "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. The facility shall also place a notice at each monitored telephone stating:

1. That detainee calls are subject to monitoring; and
2. The procedure for obtaining an unmonitored call to a court, legal representative, or for the purposes of obtaining legal representation." See ICE NDS 2019, Standard, Telephone Access, Section (II)(K)(1) and (2).