



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**

**Carver County Jail
Chaska, Minnesota**

July 20-23, 2020

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

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COMPLIANCE INSPECTION TEAM MEMBERS



| | |
|---------------------------------------|----------------------|
| Team Lead | ODO |
| Inspections and Compliance Specialist | ODO |
| 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 Carver County Jail (CCJ) in Chaska, Minnesota, from July 20 to 23, 2020.¹ The facility opened in 1995 and is owned and operated by Carver County. 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 facility administrator handles daily facility operations and is supported by [REDACTED] personnel. Aramark provides food services, MENDCare provides medical care, and the county provides commissary services at the facility. The facility did not hold any national accreditations from outside entities.

| Capacity and Population Statistics | Quantity |
|--|----------|
| ICE Detainee Bed Capacity ² | 27 |
| Average ICE Detainee Population ³ | 13 |
| Male Detainee Population (as of 7/20/2020) | 9 |
| Female Detainee Population (as of 7/20/2020) | 0 |

During its last inspection, in Fiscal Year (FY) 2017, ODO found seven deficiencies in the following areas: Environmental Health and Safety (2); Admissions and Release (2); Detainee Classification System (1); Funds and Personal Property (1); and Staff-Detainee Communication (1).

¹ This facility holds male and female 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 July 11, 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 NATIONAL DETENTION STANDARDS 2019

MAJOR CATEGORIES

| NDS 2019 Standards Inspected ⁵ | Deficiencies |
|---|--------------|
| Part 1 – Safety | |
| Environmental Health and Safety | 4 |
| Sub-Total | 4 |
| Part 2 – Security | |
| Admission and Release | 0 |
| Custody Classification System | 3 |
| 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 | 1 |
| Sub-Total | 6 |
| Part 4 – Care | |
| Food Service | 0 |
| Medical Care | 1 |
| Significant Self-harm and Suicide Prevention and Intervention | 0 |
| Disability Identification, Assessment, and Accommodation | 0 |
| Sub-Total | 1 |
| Part 5 – Activities | |
| Recreation | 0 |
| Religious Practices | 0 |
| Telephone Access | 0 |
| Visitation | 1 |
| Sub-Total | 1 |
| Part 6 – Justice | |
| Grievance Systems | 1 |
| Law Libraries and Legal Material | 0 |
| Sub-Total | 1 |
| Total Deficiencies | 13 |

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

DETAINEE RELATIONS

ODO interviewed six detainees, who each voluntarily agreed to participate. At the time of this inspection, the facility housed [REDACTED] ICE detainees total. Three of the detainees elected to not be interviewed. None of the six detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO conducted detainee interviews via video teleconference.

Staff-Detainee Communication: Two out of six detainees stated the facility served cold meals, which consisted of sandwiches, for two out of three daily meals.

- Action Taken: ODO reviewed the facility's policy, current and past approved menus, and spoke with the food service administrator. ODO found the facility served two hot meals daily, which was in accordance with the food service standard requirements.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the facility's fire drill documentation and found the fire drills were [REDACTED] (Deficiency EH&S-1⁶).

ODO observed, through a live video feed, an infectious waste container was in the rear of the facility, and the waste container was not labeled as infectious waste nor did it contain a universal biohazard symbol (Deficiency EH&S-2⁷).

ODO requested to review the facility's ventilation, noise level, and lighting survey documentation and found the facility had not conducted any surveys for their ventilation, noise levels, nor lighting (Deficiency EH&S-3⁸).

ODO interviewed the health service administrator (HSA) and found the HSA had not conducted a daily visual inspection of the medical facility's floors, walls, windows, horizontal services, equipment, and furnishings (Deficiency EH&S-4⁹).

SECURITY

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed 19 detainee detention files and found the facility did not conduct a criminal-record check for any of the detainees during their admission to the facility and housed the detainees in general population without first obtaining the results of a criminal-record check (Deficiency CCS-1¹⁰).

⁶ “The facility will comply with standards and regulations issued by the National Fire Protection Association (NFPA), Environmental Protection Agency (EPA) and OSHA, national, state, and local fire safety codes, and the applicable standards of the American Society for Testing and Materials, American National Standards Institute, and Underwriters’ Laboratories or Factory Mutual Engineering Corporation.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(D).

⁷ “1) Disposal

The container will be labeled with the words “infectious waste,” or with the universal biohazard symbol, and placed in the proper area for removal and disposal.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(H)(2)(b)(1).

⁸ “The facility shall ensure appropriate temperatures, air and water quality, ventilation, lighting, noise levels, and detainee living space, in accordance with applicable state and local jail/prison standards.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I)(1).

⁹ “.... Medical Areas: The medical facility will be kept clean and in working order. The HSA or equivalent, or designee, will make a daily visual inspection of the medical facility noting the condition of floors, walls, windows, horizontal services, equipment, and furnishings.” See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(I)(2).

¹⁰ “The facility shall develop and implement a system for classifying detainees in accordance with the guidelines set forth in this Standard.

The classification system shall ensure: ...

3. If a detainee cannot be classified without certain information that is missing at the time of processing

ODO reviewed 19 detainee classifications records, interviewed facility staff, and found a supervisor did not review any of the detainees' classifications (**Deficiency CCS-2**¹¹).

ODO reviewed the detainee detention files for the nine detainees the facility housed at the time of the inspection and found seven out of nine detainee detention files did not contain the ERO documentation the facility needed to classify the detainees (**Deficiency CCS-3**¹²).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the facility's F&PP policy and found procedures for lost or damaged detainee property, including reimbursement to detainees, were not in the facility's policy. Additionally, the facility's policy and procedures did not include the facility must immediately notify ERO Saint Paul for all claims and the outcomes (**Deficiency F&PP-1**¹³).

STAFF DETAINEE COMUNICAITON (SDC)

ODO reviewed the facility's SDC records and found the facility did not retain completed detainee requests in the detainees' detention files, nor in a retrievable electronic archive (**Deficiency SDC-1**¹⁴).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

As a result of the facility's transition to NDS 2019, the facility's SAAPI policy was in a draft status and ODO found the facility had not implemented most of the SAAPI requirements. Specifically, ERO Saint Paul had not approved CCJ's policy, CCJ had not made their SAAPI protocols available to the public, CCJ had not trained their staff nor contractors in their SAAPI protocols, CCJ did not provide SAAPI instruction and orientation to detainees, CCJ had not incorporated victim advocacy

(e.g., results of criminal-record check), the detainee will be kept apart from the general population pending arrival of that information." See ICE NDS 2019, Standard, Custody Classification System, Section (II)(A)(3).

¹¹ "The facility shall develop and implement a system for classifying detainees in accordance with the guidelines set forth in this Standard.

The classification system shall endure: ...

4. A supervisor will review each detainee's classification." See ICE NDS 2019, Standard, Custody Classification System, Section (II)(A)(4).

¹² "Staff shall use the most reliable, objective information available during the classification process. "Objective" information refers to documented or discernible facts, such as gender identification, most recent and/or prior criminal offense(s), escapes, institutional disciplinary history, violent episodes/incidents, victimization, mental health and/or medical status, and age. ICE/ERO offices will provide the facility with any information available to ICE to assist the facility in classifying detainees." See ICE NDS 2019, Standard, Custody Classification System, Section (II)(C).

¹³ "Each facility shall have a written policy and procedure for detainee property reported missing or damaged. ...

3. The facility will promptly reimburse detainees for all validated property losses caused by facility negligence; and

4. The facility will immediately notify ICE/ERO of all claims and outcomes." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(F)(3) and (4).

¹⁴ "Records Keeping and File Maintenance: ...

All completed detainee request documents will be retained in the detainee's detention file or a retrievable electronic archive." See ICE NDS 2019, Standard, Staff-Detainee Communication, Section (II)(C)(2).

services into their policy, nor did CCJ complete detainee assessments (**Deficiency SAAPI-1**¹⁵).

CARE

MEDICAL CARE (MC)

ODO reviewed the detainee health files for [REDACTED] detainees the facility housed at the time of the inspection and found the facility did not complete a comprehensive health assessment for three out of [REDACTED] detainees. The detainees' health files indicated another facility completed their comprehensive health assessment; however, those health assessments were completed more than 90-days from the date of the detainees' admission to CCJ (**Deficiency MC-1**¹⁶).

ACTIVITIES

VISITATION (V)

ODO reviewed the facility's visitation policy and found it did not specify normal visitation time limits were to be no less than 30-minutes for each visit (**Deficiency V-1**¹⁷).

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed the facility's GS policy and grievance log and found the facility did not forward all detainee grievances with allegations of staff misconduct to ERO Saint Paul (**Deficiency GS-1**¹⁸).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under NDS 2019 and found the facility in compliance with 10 of those standards. ODO found 13 deficiencies in the remaining eight standards. ODO commends facility staff for their responsiveness during this inspection and recommends ERO work with the facility to resolve any deficiencies that remain

¹⁵ "... The facility shall have written policy and procedures for a Sexual Abuse and Assault Prevention and Intervention Program. ...The facility administrator shall ensure that, within 90 days of the adoption of this detention standard, written policy and procedures are in place and that the facility is in full compliance with its requirements and guidelines. The facility must meet all other requirements in this standard which do not require written policy or procedure on the date the standard is adopted." *See ICE NDS 2019, Standard, Sexual Assault and Abuse Prevention and Intervention, Section (II)(A).*

¹⁶ "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. ...If there is documented evidence of a comprehensive health assessment within the previous 90 days, the health care practitioner may determine that a new assessment is not required." *See ICE NDS 2019, Standard Medical Care, Section (II)(E).*

¹⁷ "The facility shall establish a visiting schedule based on the detainee population and the demand for visits. ...The facility's written rules shall specify time limits for visits: 30 minutes minimum, under normal conditions." *See ICE NDS 2019, Standard, Visitation, Section (II)(F)(1).*

¹⁸ "The facility must forward all detainee grievances containing allegations of staff misconduct to ICE/ERO." *See ICE NDS 2019, Standard, Grievance System, Section (II)(F).*

outstanding in accordance with contractual obligations.

| Compliance Inspection Results Compared | FY 2017 (NDS 2000) | FY 2020 (NDS 2019) |
|--|-----------------------|-----------------------|
| Standards Reviewed | 15 | 18 |
| Deficient Standards | 5 | 8 |
| Overall Number of Deficiencies | 7 | 13 |
| Repeat Deficiencies | N/A | N/A ¹⁹ |
| Corrective Actions | 3 | 0 |

¹⁹ ODO did not cite repeat deficiencies due to the facility's transition from NDS 2000 to NDS 2019.