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Office of Professional Responsibility
Inspections and Detention Oversight Division
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Office of Detention Oversight Compliance Inspection

Enforcement and Removal Operations
ERO Minneapolis - St. Paul Office
Carver County Jail
Chaska, Minnesota

July 18-20, 2017

**COMPLIANCE INSPECTION
for the
CARVER COUNTY JAIL
CHASKA, MINNESOTA**

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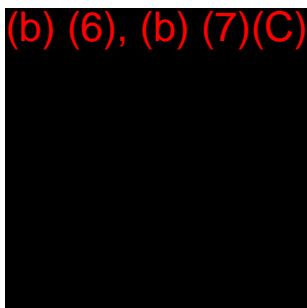
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COMPLIANCE INSPECTION TEAM MEMBERS



Acting Lead Inspections and Compliance Specialist ODO
Inspections and Compliance Specialist ODO
Inspections and Compliance Specialist ODO
Contractor Creative Corrections
Contractor Creative Corrections
Contractor Creative Corrections
Contractor Creative Corrections

FACILITY OVERVIEW

The Office of Detention Oversight (ODO) conducted a compliance inspection of the Carver County Jail (CCJ), in Chaska, Minnesota, from July 18 to 20, 2017.¹ CCJ, opened in January 1995, is owned by Carver County and operated by the Carver County Sheriff's Office. The Office of Enforcement and Removal Operations (ERO) began housing ICE detainees at CCJ in February 1995 pursuant to an intergovernmental service agreement, under the oversight of ERO's Field Office Director (FOD) in Minneapolis - St. Paul

ERO does not have Deportation Officers (DO) or a Detention Services Manager (DSM) assigned to the facility. A CCJ Commander is responsible for oversight of daily facility operations and is supported by (b) (7)(E) personnel. Aramark provides food services and medical services are provided by MEnD Correctional Care. The facility held no accreditations at the time of the inspection.

Capacity and Population Statistics	Quantity
Average ICE Detainee Population ²	36
Male Detainee Population (as of 7/17/2017)	30
Female Detainee Population (as of 7/17/2017)	5

In April 2014, ODO conducted a compliance inspection of CCJ, reviewing 18 National Detention Standards (NDS) 2000. ODO found the facility compliant with five standards. ODO found a total of 26 deficiencies in the following 13 standards: Access to Legal Material (1 deficiency); Admission and Release (2); Detainee Classification System (1); Detainee Grievance Procedures (5); Environmental Health and Safety (1); Funds and Personal Property (1); Medical Care (4); Special Management Unit – Disciplinary Segregation (1); Staff-Detainee Communication (2); Telephone Access (4); Terminal Illness; Advanced Directives and Death (1); Use of Force (2); and Visitation (1).

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

² Data Source: ERO Facility List Report as of July 17, 2017.

FY 2017 FINDINGS BY NDS 2000 MAJOR CATEGORIES

NDS 2000 STANDARDS INSPECTED ³	DEFICIENCIES
Part 1 – Detainee Services	
Access to Legal Material	0
Admission and Release	2
Detainee Classification System	1
Detainee Grievance Procedures	0
Detainee Handbook	0
Food Service	0
Funds and Personal Property	1
Staff-Detainee Communication	0
Telephone Access	1
Sub-Total	5
Part 2 – Security and Control	
Environmental Health and Safety	2
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	0
Sub-Total	2
Part 3 – Health Services	
Medical Care	0
Suicide Prevention and Intervention	0
Sub-Total	0
Total Deficiencies	7

³ For greater detail on ODO's findings, see the *Inspection Findings* section of this report.

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 over 72-hours to assess compliance with the ICE National Detention Standards (NDS) 2000, or the Performance-Based National Detention Standards (PBNDS) 2008 or 2011, as applicable. 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 linked to 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; these corrective actions are annotated with “C” under the *Inspection Findings* section of this report.

At the conclusion of each inspection, ODO holds a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is also 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. Additionally, ODO findings inform ICE executive management decision making in better allocating resources across the agency’s entire detention inventory.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

DETAINEE RELATIONS

ODO interviewed nine (9) detainees to assess the conditions of confinement at CCJ. All of the individuals interviewed volunteered to participate, and none made allegations of abuse, discrimination or mistreatment. The detainees reported being satisfied with facility services, with the exception of the complaints below:

Staff-Detainee Communication: Two detainees claimed ICE officers do not interact with the detainees.

- **Action Taken:** ODO reviewed the visitor's log, ICE visitation schedule, and facility liaison visit checklists for the last six months, and also spoke with the Supervisory Detention and Deportation Officer (SDDO). ODO found ICE officers conduct weekly scheduled visits to the housing units as well as unscheduled visits. Visiting ERO officers notate the daily roster with all detainee interactions and document the number of scheduled and unscheduled visits on the facility liaison visit checklist. ODO also observed ERO officers engage and communicate with a variety of detainees during the inspection.

Access to Legal Material: Two detainees claim they are forced to choose between recreation and using the law library.

- **Action Taken:** ODO reviewed housing schedules, the law library schedule, and spoke with facility staff. The law library is available from 7:30 am to 10:30 pm except during counts, meals, or during any lockdown. Detainees are scheduled for up to 5 hours of recreation per week as required by the standard but are allowed to access recreation as their schedule permits. ODO found the law library is accessible by detainees outside of recreation offerings for nearly 11 hours per day.

Funds and Personal Property: One detainee claimed he had a passport taken from him when he was incarcerated for a criminal offense, prior to being detained by ICE. He would like assistance locating the passport.

- **Action Taken:** ODO spoke with ERO regarding the detainee's concern. The detainee's case officer confirmed no passport is maintained in the detainee's A-File. Staff also confirmed no passport is listed or maintained in the detainee's personal property inventory. The assigned ERO officer agreed to assist the detainee to obtain a new passport.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ADMISSION AND RELEASE (AR)

CCJ creates an electronic detention file in the facility Jail Management System (JMS); however, it does not contain the initial classification form (**Deficiency AR-1**⁵). The initial classification form is preserved in a separate file maintained for each detainee in the housing units rather than in the JMS detention file.

ODO reviewed 25 detention files and spoke with both facility and ERO staff. An Order to Detain, Form I-203, for one detainee was not located in the detention file, and both facility and ERO staff were unable to locate the form during the inspection (**Deficiency AR-2**⁶).

Corrective Action: Following the inspection, ERO found and emailed the missing Form I-203 to CCJ on Friday, July 21, 2017. CCJ reported to ERO via email on Saturday, July 22, 2017, the I-203 was added to the detainee's file. ERO forwarded a copy of the missing form and the corrective action email chain to ODO on Friday July 28, 2017 (**C-1**).

DETAINEE CLASSIFICATION SYSTEM (DCS)

Detainees were housed appropriately with the exception of detainees in the 1700 housing unit where ODO observed two low-custody detainees with no criminal records housed with high-custody detainees who have histories of aggravated felonies and assaultive behaviors (**Deficiency DCS-1**⁷). According to the shift supervisor, one of the low-custody detainees was housed outside his classification level at his own request. The other occurrence was due to a lack of bed space in the low-custody housing unit. [Note: Although there was no prohibited co-mingling of female detainees at the time of the inspection, CCJ only maintains one female housing unit, which requires ongoing communication between the facility and ERO to avoid prohibited co-mingling.]

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by moving both detainees to the low custody housing unit (**C-2**).

⁵ "Staff will open a detainee detention file as part of the admissions process. This file will contain all paperwork generated by the detainee's stay at the facility." See ICE NDS 2000, Standard, Admission and Release, Section (III)(A).

⁶ "An order to detain or release (Form I-203 or I-203a) bearing the appropriate official signature shall accompany the newly arriving detainee." See ICE NDS 2000, Standard, Admission and Release, Section (III)(H).

⁷ "Level 1 detainees may not be housed with Level 3 detainees." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(E)(1)(a).

FUNDS AND PERSONAL PROPERTY (F&PP)

CCJ has policies and procedures for a detainee to claim lost, missing or damaged property; however, the handbook does not include notification of procedures for detainees to claim lost or stolen property upon release, transfer or removal (**Deficiency F&PP-1⁸**).

TELEPHONE ACCESS (TA)

Although policy and procedure exist at CCJ for obtaining an unmonitored call to a court, legal representative, or for the purposes of obtaining legal representation (and the process is described in the detainee handbook), the facility has not placed a notice of this procedure at each monitored telephone (**Deficiency TA-1⁹**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by adding the notice to the housing unit power point slide show which is continuously displayed in each housing unit in close proximity to all telephones (**C-3**).

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO inspected all areas of the facility and found exit diagrams are not conspicuously posted in all housing areas of the facility (**Deficiency EH&S-1¹⁰**).

ODO reviewed facility policy, procedures, and records regarding fire drills as well as interviewed facility staff. One or two detainees are evacuated during a fire drill and the other detainees are told to lock down after simulated procedures are explained. Emergency keys are not drawn, and drills are not timed (**Deficiency EH&S-2¹¹**).

⁸ “The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including: ... 2. That, upon request, they will be provided an INS-certified copy of any identity document (passport, birth certificate, etc.) placed in their A-files; ... 4. The procedure for claiming property upon release, transfer, or removal; 5. The procedures for filing a claim for lost or damaged property.” See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(J)(2)(4)(5). **This is a repeat deficiency.**

⁹ “If telephone calls are monitored, the facility shall notify detainees in the detainee handbook or equivalent provided upon admission. It shall also place a notice at each monitored telephone stating: the procedure for obtaining an unmonitored call to a court, legal representative, or for the purposes of obtaining legal representation.” See ICE NDS 2000, Standard, Telephone Access, Section (III)(K)(2). **This is a repeat deficiency.**

¹⁰ “Every institution will develop a fire prevention, control, and evacuation plan to include, among other thing, the following... h. Conspicuously posted exit diagram conspicuously posted for and in each area.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(3)(h).

¹¹ “Emergency-key drills will be included in each fire drill, and timed. Emergency keys will be drawn and used by the appropriate staff to unlock one set of emergency exit doors not in daily use.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(c).

CONCLUSION

During this inspection, ODO reviewed the facility's compliance with fifteen (15) standards and found the facility compliant with ten (10) standards. ODO found a total of seven (7) deficiencies in the remaining five (5) standards. ODO would like to commend facility for the significant reduction in deficiencies since its last inspection in FY 2014. ODO also notes staff proved responsive in addressing deficiencies identified during the inspection by initiating immediate corrective action in several areas. ODO recommends ERO work with the facility to remedy any deficiencies that remain outstanding, as applicable and in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2014 (NDS)	FY2017 (NDS)
Standards Reviewed ¹²	18	15
Deficient Standards	13	5
Overall Number of Deficiencies	26	7
Deficient Priority Components	N/A	N/A
Corrective Actions Initiated	N/A	3

¹² The 2014 and 2017 inspections covered the same standards except the 2014 inspection had three additional standards: Hunger Strikes; Terminal Illness, Advanced Directives and Death; and Visitation.