



U.S. Department of Homeland Security
U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
ICE Inspections
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**Office of Detention Oversight
Follow-Up Compliance Inspection
2023-002-191**

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

**Freeborn County Adult Detention Center
Albert Lea, Minnesota**

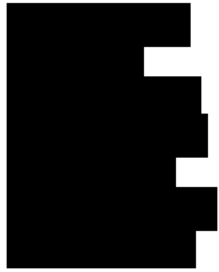
August 22-24, 2023

FOLLOW-UP COMPLIANCE INSPECTION
of the
FREEBORN COUNTY ADULT DETENTION CENTER
Albert Lea, Minnesota

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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 follow-up compliance inspection of the Freeborn County Adult Detention Center (FCADC) in Albert Lea, Minnesota, from August 22 to 24, 2023.¹ This inspection focused on the standards found deficient during ODO’s last inspection of FCADC from January 31 to February 2, 2023. The facility opened in 2004 and is owned by Freeborn County and operated by the Freeborn County Sheriff’s Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at FCADC in 2009 under the oversight of ERO’s Field Office Director in Saint Paul (ERO Saint Paul). The facility operates under the National Detention Standards (NDS) 2019.

[REDACTED] A facility administrator handles daily operations and manages [REDACTED] support personnel. Summit Food Services, LLC provides food services, Advanced Correctional Healthcare 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 August 22, 2023)	[REDACTED]
Adult Female Population (as of August 22, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found eight deficiencies in the following areas: Admission and Release (1); Medical Care (1); Significant Self-Harm and Suicide Prevention and Intervention (1); Special Management Unit (1); Terminal Illness and Death (1); Transportation by Land (2); and Visitation (1).

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

² Data Source: ERO Facility List as of August 21, 2023.

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.⁴

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which may 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 uniform corrective action plan (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.

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	1
Transportation by Land	0
Sub-Total	1
Part 2 - Security	
Admission and Release	1
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Use of Force and Restraints	10
Special Management Units	0
Staff-Detainee Communication	0
Sub-Total	11
Part 4 - Care	
Food Service	1
Medical Care	2
Significant Self-Harm and Suicide Prevention and Intervention	0
Terminal Illness and Death	0
Sub-Total	3
Part 5 - Activities	
Telephone Access	1
Visitation	0
Sub-Total	1
Part 6 - Justice	
Grievance System	0
Sub-Total	0
Total Deficiencies	16

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

⁶ Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

DETAINEE RELATIONS

ODO interviewed 13 detainees, who each voluntarily agreed to participate. ODO attempted to interview an additional 12 detainees; however, all 12 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 expressed concern the facility has not scheduled his urology appointment or has not informed him of the scheduled appointment.

- Action Taken: ODO reviewed the detainee's medical file and found the detainee's scheduled urology appointment for August 25, 2023, but due to security protocols, medical could not tell him the exact date and time of his appointment. The detainee currently has no complaints of any pain. ODO followed up with a facility nurse and confirmed a urologist examined the detainee on August 25, 2023. Medical staff scheduled a bladder tumor resection for the detainee on September 28, 2023.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed the facility's chemical inventory records and found no updated record-of-use for a hazardous substance (Kool Klene No Thaw Freezer Cleaner) ODO observed in a storage area (**Deficiency EHS-16⁷**).

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed [REDACTED] detainee detention files and found in [REDACTED] out of [REDACTED] files, the facility staff did not document fingerprinting prior to the detainees' release (**Deficiency AR-28⁸**). **This is a repeat deficiency.**

⁷ "Inventory records for a hazardous substance must be kept current before, during, and after each use." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(A)(4)(c).

⁸ "Staff must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include completing and processing forms, closing files, fingerprinting, returning personal property, and reclaiming facility-issued clothing, bedding, etc." See ICE NDS 2019, Standard, Admission and Release, Section (II)(J).

USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed UOFR documentation and a video for a UOF incident, interviewed the facility liaison manager, and found the following deficiencies:

- The facility administrator did not approve the continued use of restraints after staff had the detainee under control (**Deficiency UOFR-4⁹**);
- Medical staff did not examine the detainee after the application of the restraints (**Deficiency UOFR-51¹⁰**);
- Medical staff did not document any services provided (**Deficiency UOFR-52¹¹**);
- The facility administrator or designee did not review all completed reports and memoranda for sufficiency and corrective action after the application of restraints (**Deficiency UOFR-82¹²**);
- No documentation identifying if the facility assembled a UOFR after-action review team following the incident, leading ODO to conclude that a UOFR review team did not complete or submit a report to the facility administrator within 5 working days of the detainee's release from restraints (**Deficiency UOFR-90¹³**);
- No documentation identifying if the facility assembled a UOFR after-action review team following the incident, leading ODO to conclude that the facility administrator did not review nor sign a report acknowledging the appropriate or inappropriate use of force (**Deficiency UOFR-91¹⁴**);
- No documentation identifying if the facility assembled a UOFR after-action review team following the incident, leading ODO to conclude that a UOFR review team did not determine if the incident required further investigation or referral to law enforcement (**Deficiency UOFR-92¹⁵**);
- No documentation identifying if the facility assembled a UOFR after-action review team following the incident, leading ODO to conclude that a UOFR review team did not examine all relevant materials after the application of restraints (**Deficiency UOFR-96¹⁶**);

⁹ "Immediate use of restraints is warranted to prevent the detainee from harming self or others, or from causing serious property damage. If, after the detainee is under control, the continued use of restraints appears necessary, facility administrator approval is required." See ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(A)(4).

¹⁰ "After any use of force or application of restraints, medical personnel shall examine the detainee, immediately treating any injuries." See ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(G)(3).

¹¹ "The medical services provided shall be documented." See ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(G)(3).

¹² "The facility administrator or designee will review all completed reports and memoranda for sufficiency and corrective action as necessary." See ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(J)(1).

¹³ "The facility review team shall complete and submit its report to the facility administrator within five working days of the incident or the detainee's release from restraints." See ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(J)(5).

¹⁴ "The facility administrator shall review and sign the report, acknowledging its finding that the use of force was appropriate or inappropriate." See ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(J)(5).

¹⁵ "The review team shall determine whether the incident requires further investigation or referral to law enforcement." See ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(J)(5).

¹⁶ "The After-Action Review shall examine all relevant materials for facility staff's compliance with facility policy and these standards." See ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(K)(1).

- No documentation identifying if the facility assembled a UOFR after-action review team following the incident, leading ODO to conclude that a UOFR review team did not review recordings to examine if a medical professional promptly examined the detainee after the application of restraints (**Deficiency UOFR-100**¹⁷); and
- No documentation identifying if the facility assembled a UOFR after-action review team following the incident, leading ODO to conclude that a UOFR review team did not ensure continuous camera coverage during the application of restraints (**Deficiency UOFR-101**¹⁸).

CARE

FOOD SERVICE (FS)

ODO reviewed eight chemical inventory records and found in one out of eight records, the inventory logs indicated 1.5 gallons of Kool Klene No Thaw Freezer Cleaner but the on-hand quantity was 4.5 gallons (**Deficiency FS-105**¹⁹).

MEDICAL CARE (MC)

ODO reviewed █ detainee medical records and 10 sick call requests and found in 5 out of 10 sick call requests, the health care practitioner did not record triage information in the progress notes, nor did they record dates and times when medical staff evaluated the detainees on the sick call request forms (**Deficiency MC-53**²⁰).

ODO reviewed █ detainee medical records for detainees the facility administered psychotropic medications to and found in █ out of █ records, the detainees signed the informed consent 8 to 9 days after the receiving the psychotropic medication, and in █ out of █ records, no documented informed consent forms with a description of the medications' side effects (**Deficiency MC-93**²¹).
This is a repeat deficiency and a priority component.

¹⁷ “The After-Action Review shall examine all relevant materials for facility staff’s compliance with facility policy and these standards. For calculated use of force incidents, and incidents where video is available, recordings will be reviewed to examine, among other things: ...

d. A medical professional promptly examines the detainee, with the findings reported on the recording.”
See ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(K)(1)(d).

¹⁸ “The After-Action Review shall examine all relevant materials for facility staff’s compliance with facility policy and these standards. For calculated use of force incidents, and incidents where video is available, recordings will be reviewed to examine, among other things: ...

e. Continuous coverage from the time the camera starts recording until the incident is over. The review will investigate any breaks or sequences apparently missing from the recording.”
See ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(K)(1)(e).

¹⁹ “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 for daily.” *See ICE NDS 2019, Standard, Food Service, Section (II)(I)(9)(b).*

²⁰ “A health care practitioner will review the request and determine when the detainee will be seen based on the acuity of the problem and within a reasonable period of time.” *See ICE NDS 2019, Standard, Medical Care, Section (II)(I).*

²¹ “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 attempted to review telephone serviceability logs, interviewed the facility contract manager, and found facility staff did not inspect detainee telephone daily (**Deficiency TA-7²²**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 16 standards under NDS 2019 and found the facility in compliance with 10 of those standards. ODO found 16 deficiencies in the remaining 6 standards. Since FCADC's last full inspection in February 2023, the facility's overall compliance with NDS 2019 has trended down. FCADC went from 7 deficient standards and 8 deficiencies in February 2023 to 6 deficient standards and 16 deficiencies during this most recent follow-up inspection. FCADC had 10 deficiencies in the UOFR standard based on one improperly documented incident involving the facility placing a detainee in restraints. The facility completed a UCAP for ODO's last inspection of FCADC in March 2023; however, the corrective action in AR and MC was not sufficient to prevent a repeat deficiency in both the AR and MC standards. ODO recommends ERO St. Paul continue to work with the facility to resolve the remaining deficiencies in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2023 Full Inspection (NDS 2019)	FY 2023 Follow-up Inspection (NDS 2019)
Standards Reviewed	19	16
Deficient Standards	7	6
Overall Number of Deficiencies	8	16
Priority Component Deficiencies	2	1
Repeat Deficiencies	2	2
Areas Of Concern	0	0
Corrective Actions	1	0
Facility Rating	Good	N/A

²² "Appropriate facility 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).