



U.S. Department of Homeland Security
Immigration and Customs Enforcement
Office of Professional Responsibility
ICE Inspections
Washington, DC 20536-5501

**Office of Detention Oversight
Follow-Up Compliance Inspection**

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

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

August 30-September 1, 2022

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

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Acting Team Lead	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections
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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 30 to September 1, 2022.¹ This inspection focused on the standards found deficient during ODO’s last inspection of FCADC from March 7 to 10, 2022. The facility opened in October 2004 and is owned 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.

ERO has assigned a supervisory detention and deportation officer (SDDO), and deportation officers (DO) to the facility. An FCADC jail administrator oversees daily facility operations and manages █ support personnel. Summit Food Service 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	█
Average ICE Population ³	█
Adult Male Population (as of August 30, 2022)	█
Adult Female Population (as of August 30, 2022)	█

During its last inspection, in Fiscal Year (FY) 2022, ODO found four deficiencies in the following areas: Admission and Release (2); Correspondence and Other Mail (1); and Detention Files (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 30, 2022.

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 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.

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	1
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Special Management Unit	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	1
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	1
Personal Hygiene	0
Significant Self-Harm and Suicide Prevention and Intervention	0
Sub-Total	1
Part 5 - Activities	
Correspondence and Other Mail	0
Recreation	0
Telephone Access	0
Sub-Total	0
Part 6 - Justice	
Grievance System	0
Sub-Total	0
Part 7 - Administration and Management	
Detention Files	0
Sub-Total	0
Total Deficiencies	2

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

⁵ 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 seven detainees, who each voluntarily agreed to participate. Due to COVID-19 restrictions within the facility, ODO interviewed 7 out of a possible 12 detainees. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed the FCADC AR program and [REDACTED] detainee detention files, interviewed both assigned ICE contract managers and the SDDO, and found FCADC staff did not complete certain procedures before each detainee's release, removal, or transfer from the facility. Specifically, FCADC staff did not fingerprint [REDACTED] out of [REDACTED] detainees during their release process (**Deficiency AR-28⁶**). **This is a repeat deficiency.**

CARE

MEDICAL CARE (MC)

ODO reviewed five medical records of detainees prescribed psychotropic medications and found in one out of five records, no documented informed consent to include a description of the medication's side effects prior to the administration of the medication (**Deficiency MC-93⁷**).

ODO reviewed FCADC policy and procedures, ERO's COVID-19 Pandemic Response Requirements (PRR), version 9.0, dated June 12, 2022, interviewed the regional nurse manager, and found the facility did not have written plans addressing the management of infectious and communicable diseases, including, but not limited to, testing, isolation, prevention, and education. Specifically, the facility operated under ERO COVID-19 PRR "Red" status but did not implement the required 10-day quarantine for all new intakes. The facility tested all new detainees for COVID and placed them in quarantine for 5 days. ODO noted this as an **Area of Concern**.

Additionally, the facility's infection control plan did not comply with current plans implemented by federal, state, nor local authorities addressing specific public health issues and communicable disease reporting requirements. Specifically, the facility operated under ERO COVID-19 PRR "Red" status but did not implement the required 10-day quarantine for all new intakes. The facility tested all new detainees for COVID and placed them in quarantine for 5 days. ODO noted this as

⁶ "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).

⁷ "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).

an **Area of Concern**.

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under NDS 2019 and found the facility in compliance with 16 of those standards. ODO found two deficiencies in the remaining two standards. ODO commends facility staff members for their 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. ODO has not received the UCAP for ODO's last inspection of FCADC in March 2022.

Compliance Inspection Results Compared	First FY 2022 (NDS 2019)	Second FY 2022 (NDS 2019)
Standards Reviewed	19	18
Deficient Standards	3	2
Overall Number of Deficiencies	4	2
Repeat Deficiencies	1	1
Areas Of Concern	0	2
Corrective Actions	0	0
Facility Rating	Superior	N/A