



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

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**Office of Detention Oversight  
Unannounced Compliance Inspection  
2024-004-247**

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

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

**March 5-7, 2024**

**UNANNOUNCED COMPLIANCE INSPECTION**  
**of the**  
**FREEBORN COUNTY ADULT DETENTION CENTER**  
Albert Lea, Minnesota

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## COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Senior Inspections and Compliance Specialist	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 an unannounced compliance inspection of the Freeborn County Adult Detention Center (FCADC) in Albert Lea, Minnesota, from March 5 to 7, 2024.<sup>1</sup> 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. In September 2022, FCADC was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA certified.

Capacity and Population Statistics	Quantity
ICE Bed Capacity <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of March 5, 2024)	[REDACTED]
Adult Female Population (as of March 5, 2024)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found 8 deficiencies in the following areas: Admission and Release (1); Medical Care (1); Significant Self-Harm and Suicide Prevention and Intervention (1); Special Management Units (1); Terminal Illness and Death (1); Transportation by Land (2); and Visitation (1).

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

<sup>2</sup> Data Source: ERO Custody Management Division Authorized Facility List as of March 4, 2024.

<sup>3</sup> *Ibid.*

## UNANNOUNCED COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.<sup>4</sup>

ODO identifies violations of 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. Where applicable, these corrective actions are annotated with “C” under the *Compliance Inspection Findings* section of this report.

In FY 2022, ODO began conducting special reviews of under 72-hour ICE detention facilities with an ADP of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1 to 9 detainees. Additionally, ODO began conducting unannounced inspections of ICE detention facilities, regardless of ADP of detainees, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facility inspections will result in an ODO Inspection Compliance Rating; however, for facilities that are not contractually obligated to an ICE NDS, those ratings will be for ERO’s informational purposes. ODO will conduct a complete review of several core standards, in accordance with the facility’s contractually required ICE NDS or in accordance with the ICE NDS listed in the current ERO Custody Management Division Authorized Facility List for facilities that are not contractually obligated to an ICE NDS, which may include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Significant Self-harm and Suicide Prevention and Intervention, Hunger Strikes, Food Service, Environmental Health and Safety, Special Management Units (SMU) or Hold Rooms (if the facility does not have an SMU), Use of Force and Restraints/Use of Physical Control Measures, and Sexual Abuse and Assault Prevention and Intervention.

Upon completion of each special review or unannounced 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 uniform corrective action plans (UCAPs); 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.

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<sup>4</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>5,6,7</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Post Orders	0
Searches of Detainees	0
Use of Force and Restraints	0
Special Management Units	0
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 4 - Care</b>	
Food Service	0
Hunger Strikes	0
Medical Care	2
Personal Hygiene	0
Significant Self-Harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 5 - Activities</b>	
Telephone Access	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 - Justice</b>	
Grievance System	0
Law Libraries and Legal Materials	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 7 - Administration and Management</b>	
Detention Files	0
Detainee Transfers	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>2</b>

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

<sup>6</sup> Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

<sup>7</sup> During an unannounced inspection, ODO will review a facility's compliance with at least 10 individual standards; however, unannounced full inspections will include a review of the same standards as announced full inspections.

## DETAINEE RELATIONS

ODO interviewed 25 detainees, who each voluntarily agreed to participate. The remaining detainees declined ODO's request to interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services.

## UNANNOUNCED COMPLIANCE INSPECTION FINDINGS

### CARE

#### MEDICAL CARE (MC)

ODO interviewed the health services administrator, reviewed the medical record of one detainee who stated a history of prior sexual victimization to medical staff during intake, and found the facility referred the detainee for medical and mental health follow-up appointments on February 22, 2024; however, the detainee did not receive a medical evaluation until February 28, 2024, 6 days after the referral (**Deficiency MC-134<sup>8</sup>**).

Additionally, the detainee did not receive a mental health evaluation within 72 hours of referral (**Deficiency MC-135<sup>9</sup>**).

## CONCLUSION

During this unannounced compliance inspection, ODO assessed the facility's compliance with 21 standards under NDS 2019 and found the facility in compliance with 20 of those standards. ODO found two deficiencies in the one remaining standard. Since FCADC's last full inspection in February 2023, the facility's overall compliance with NDS 2019 has trended upward. FCADC went from 7 deficient standards and 8 deficiencies in February 2023 to 1 deficient standard and 2 deficiencies during this most recent inspection. ODO did not receive a completed UCAP for the facility's FY 2023 full inspection in February 2023; however, ODO did receive the completed UCAP for their follow-up inspection in August 2023. The completed UCAP, higher facility staffing levels, and a better understanding of the NDS 2019 likely contributed to the facility's improved performance. ODO received a completed UCAP for the facility's FY 2023 follow-up inspection in January 2024. ODO recommends ERO Saint Paul continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

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<sup>8</sup> "When a referral for medical follow-up is initiated, the detainee shall receive a health evaluation no later than two working days from the date of assessment." See ICE NDS 2019, Standard, Medical Care, Section (II)(T).

<sup>9</sup> "When a referral for mental health follow-up is initiated, the detainee shall receive a mental health evaluation no later than 72 hours after the referral." See ICE NDS 2019, Standard, Medical Care, Section (II)(T).

<b>Compliance Inspection Results Compared</b>	<b>FY 2023 Full Inspection (NDS 2019)</b>	<b>FY 2024 Full Inspection (NDS 2019)</b>
Standards Reviewed	19	21
Deficient Standards	7	1
Overall Number of Deficiencies	8	2
Priority Component Deficiencies	0	0
Repeat Deficiencies	2	0
Areas Of Concern	0	0
Corrective Actions	1	0
Facility Rating	Good	Superior