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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 St. Paul Field Office
Freeborn County Adult Detention Center
Albert Lea, Minnesota

August 8-10, 2017

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

TABLE OF CONTENTS

OVERVIEW

Facility Overview.....1
Findings by National Detention Standards 2000 Major Categories2

COMPLIANCE INSPECTION PROCESS3

DETAINEE RELATIONS4

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

Admission and Release.....5
Detainee Classification System.....5
Food Service5
Staff-Detainee Communications.....5

SECURITY AND CONTROL

Use of Force.....6

HEALTH SERVICES

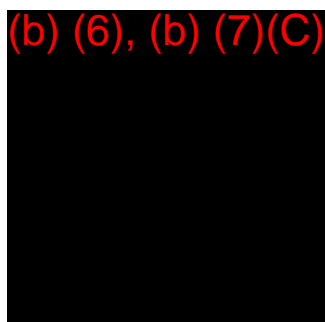
Suicide Prevention and Intervention.....6

PBNDS 2011 STANDARD INSPECTED

Sexual Abuse and Assault Prevention and Intervention.....7

CONCLUSION7

COMPLIANCE INSPECTION TEAM MEMBERS



Lead Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
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Contractor	Creative Corrections
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FACILITY OVERVIEW

The Office of Detention Oversight (ODO), a unit within U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR), conducted a compliance inspection of the Freeborn County Adult Detention Center (FCADC) in Albert Lea, Minnesota from August 8-10, 2017¹. The FCADC opened in October of 2004 and is owned by Freeborn County and operated by the Freeborn County Sheriff's Department. The Office of Enforcement and Removal Operations (ERO) began housing detainees at FCADC in June of 2009, pursuant to an Intergovernmental Service Agreement (IGSA), under oversight of the ERO Field Office Director (FOD) in St Paul.

This facility is not assigned a Detention Services Manager. The Facility Director is responsible for oversight of daily facility operations and is supported by [REDACTED] local law enforcement personnel. CBM Food Service Inc. provides food service and Advance Correctional Healthcare provides medical care. The FCADC is contractually obligated to operate under the ICE National Detention Standards 2000, though they have also agreed to comply with the ICE Performance-Based National Detention Standards (PBNDS) 2011 Sexual Abuse and Assault Prevention and Intervention Standard. The facility does not hold any accreditations.

Capacity and Population Statistics	Quantity
Average ICE Detainee Population ²	74
Male Detainee Population (as of 8/10/2017)	72
Female Detainee Population (as of 8/10/2017)	17

In FY 2014, ODO conducted a compliance inspection of the FCADC reviewing a total of 20 standards. As a result, ODO found 33 deficiencies in the following standards: Access to Legal Material (1 deficiency); Detainee Classification System (1), Detainee Grievance Procedures (1); Detention Files (3); Disciplinary Policy (5); Environmental Health and Safety (3); Food Service (2); Funds and Personal Property (1); Medical Care (2); SA-API (6); Special Management Unit - Administrative Segregation (2); Special Management Unit - Disciplinary Segregation (3); Staff-Detainee Communication (2); and Telephone Access (1).

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

² *Ibid.*

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	1
Detainee Classification System	1
Detainee Grievance Procedures	0
Detainee Handbook	0
Food Service	1
Funds and Personal Property	0
Staff-Detainee Communication	2
Telephone Access	0
Sub-Total	5
Part 2 – Security and Control	
Environmental Health and Safety	0
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	2
Sub-Total	2
Part 3 – Health Services	
Medical Care	1
Suicide Prevention and Intervention	0
Sub-Total	1
PBNDS 2011 Standard Inspected	
Sexual Abuse and Assault Prevention and Intervention	1
Sub-Total	1
Total Deficiencies	9

³ For greater detail on ODO's findings, see the *Compliance 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 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-being⁴. ODO identifies violations linked to ICE detention standards, ICE policies, or operational procedures as *deficiencies*. ODO also 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 22 detainees at the facility, each of whom volunteered to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. The majority of detainees reported being satisfied with facility services, with the exception of the below concerns.

Admission and Release: Seventeen (17) detainees claimed when they run out of hygiene items they must purchase replacements from the commissary.

- Action Taken: ODO interviewed facility staff and found detainees are provided initial hygiene items at no cost; however, non-indigent detainees must purchase all subsequent hygiene items from the commissary. (See the Compliance Inspection Findings: Admission and Release section of this report for further information.)

Sexual Assault Awareness and Prevention Intervention: Six (6) detainees claimed when officers of the opposite sex enter the housing units they do not consistently announce their presence.

- Action Taken: ODO informed the on-site ERO Deportation Officer that 6 CFR Part 115, Standards to Prevent, Detect, and Respond to Sexual Abuse and Assault in Confinement Facilities (Final Rule dated March 7, 2014), requires officers of the opposite sex entering the housing units to announce their presence.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ADMISSION AND RELEASE (AR)

ODO found FCADC does not replenish personal hygiene items as needed at no charge to the detainee. Although indigent detainees are provided additional items as needed, non-indigent detainees are directed to purchase additional hygiene items through the commissary per FCADC Policy 5.06 Preventative Health Services dated October 3, 2004 (**Deficiency AR-1**⁵).

DETAINEE CLASSIFICATION SYSTEM (DCS)

A review of 25 detention files found no supervisory approval of the initial classification levels in accordance with the standard (**Deficiency DCS-1**⁶)(R-1).

FOOD SERVICE

FCADC's food service inspection procedures do not require administrative, medical and/or dietary personnel to conduct weekly inspections of all food service areas (**Deficiency FS-1**⁷).

Corrective Action: The facility initiated corrective action during the inspection by revising its policy and procedures manuals to require weekly inspections of food service (C-1).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO's review of the electronic logbook used to track detainee requests for the period January 2017 to June 2017 indicated nearly all requests were responded to within the 72-hour time limit. However, ODO found seven requests with average response times exceeding 13 days

⁵ "Staff shall provide male and female detainees with the items of personal hygiene appropriate for, respectively, men and women. They will replenish supplies as needed." See ICE NDS 2000, Standard, Admission and Release, Section (III)(G).

⁶ "In all detention facilities, a supervisor will review the intake/processing officer's classification files for accuracy and completeness. Among other things, the reviewing officer shall ensure that each detainee has been assigned to the appropriate housing unit." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(C). **This is a repeat deficiency.**

⁷ "The facility shall implement written procedures for the administrative, medical, and/or dietary personnel conducting the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas. All components of the food service department, (ranges, ovens, refrigerators, mixers, dishwashers, garbage disposal, etc.) require frequent inspection to ensure their sanitary and operable condition. Staff shall check refrigerator and water temperatures recording the results." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(13).

(**Deficiency SDC-1**⁸). Additionally, the logbook continues to lack the detainee's nationality as required (**Deficiency SDC-2**⁹)(R-2).

SECURITY AND CONTROL

USE OF FORCE (UOF)

FCADC's written policy governing the use of force addresses the requirements of the NDS; however, the policy does not include written procedures regarding after-action reviews, nor has ERO approved any such procedures for the facility. Subsequently, after action reviews were only completed in two of the five UOF incidents in the year preceding the inspection (**Deficiency UOF-1**¹⁰).

During its review ODO learned that the facility's authorized and unauthorized non-deadly force devices include (b) (7)(E) [REDACTED] is an unauthorized UOF device (**Deficiency UOF--2**).

HEALTH SERVICES

MEDICAL CARE (MC)

Initial health appraisals are performed by RNs who are trained and certified by the clinical authority. Dental screening examinations are also performed by RNs and, although they were trained by a dentist to perform the screenings, the NDS requires dental screenings to be performed by a physician, physician's assistant, or nurse practitioner (**Deficiency MC-1**¹²).

⁸ "The detainee requests shall be forwarded to the ICE office of jurisdiction within 72 hours and answered as soon as possible and practicable, but not later than within 72 hours from receiving the request." See ICE NDS 2000, Standard, Staff Detainee Communication, Section (III)(B)(1)(b).

⁹ "All requests shall be recorded in a logbook specifically designed for that purpose. The log, at a minimum, shall contain: ... the detainee's nationality." See ICE NDS 2000, Standard, Staff Detainee Communication, Section (III)(B)(2)(d). **This is a repeat deficiency.**

¹⁰ "Written procedures shall govern the use-of-force incident review, whether calculated or immediate, and the application of restraints. The review is to assess the reasonableness of the actions taken (force proportional to the detainee's actions), etc. IGSA will pattern their incident review process after INS. INS shall review and approve all After Action Review procedures." See ICE NDS 2000, Standard, Use of Force, Section (III)(K).

¹¹ "The following non-deadly force devices are not authorized for use: Mace, tear gas, or other chemical agents, except OC spray." See ICE NDS 2000, Standard, Use of Force, Section (III)(M)(2).

¹² "An initial dental screening exam should be performed within 14 days of the detainee's arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician's assistant or a nurse practitioner." See ICE NDS 2000, Standard, Medical Care, Section (III)(E).

PBNDS 2011 FINDINGS

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO's interviews of facility staff found that no log is maintained with the names of SAAPI victims and alleged assailants. Also, the dates and locations of all sexual assault allegations made in the facility are not tracked (**Deficiency SAAPI-1¹³(R-3)**).

CONCLUSION

During this inspection, ODO reviewed the facility's compliance with 15 standards under the NDS and one standard under 2011 PBNDS. In all, ODO found the facility compliant with nine (9) standards and found nine (9) total deficiencies—three of which were repeat deficiencies. ODO commends facility staff for the significant reduction in deficiencies noted since ODO's last inspection in FY 2014.. ODO recommends ERO work with the facility to remedy all remaining deficiencies, as applicable and in accordance with contractual obligations.

Inspection Results Compared	FY 2014 (NDS 2000)	FY 2017 (NDS 2000)
NDS Standards Reviewed ¹⁴	20	15
Deficient Standards	14	6
Overall Number of Deficiencies	33	9
Corrective Actions	0	1
Repeat Deficiencies	0	3
Review of SAAPI	FY 2014 (PBNDS 2011)	FY 2017 (PBNDS 2011)
Deficiency(s)	6	1
Deficient Priority Component	3	0
Corrective Actions	0	0
Repeat Deficiency(s)	0	1

¹³ "In addition, the facility administrator shall maintain a listing of the names of sexual assault victims and assailants, along with the dates and locations of all sexual assault incidents occurring within the facility, on his/her computerized incident reporting system." See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(L). **This is a repeat deficiency.**

¹⁴ In FY2014 and FY2017 ODO reviewed the same Core Standards; however, in FY2014 the following four additional standards were reviewed: Detention Files, Disciplinary System, Hunger Strikes, and Terminal Illness, Advance Directives, and Death.