



U.S. Department of Homeland Security
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 Saint Paul Field Office**

**Kandiyohi County Jail
Wilmar, Minnesota**

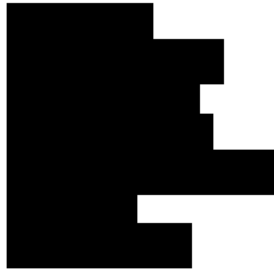
March 28-31, 2022

COMPLIANCE INSPECTION
of the
KANDIYOHI COUNTY JAIL
Wilmar, Minnesota

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COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Inspections and Compliance Specialist	ODO
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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 compliance inspection of the Kandiyohi County Jail (KCJ) in Wilmar, Minnesota, from March 28 to 31, 2022.¹ The facility opened in 2001 and is owned and operated by the Kandiyohi County Sheriff's Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at KCJ in 1992 under the oversight of ERO's Field Office Director in Saint Paul (ERO Saint Paul). The facility operates under the National Detention Standards (NDS) 2000.

ERO has no staff assigned to the facility. A facility administrator handles daily facility operations and manages [REDACTED] support personnel. Summit Foods provides food services, MEND Correctional Care provides medical care, and Turnkey Corrections provides commissary services at the facility. The facility does not hold any accreditations from outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of March 28, 2022)	[REDACTED]
Adult Female Population (as of March 28, 2022)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2021, ODO found six deficiencies in the following areas: Admission and Release (2); Medical Care (1); Special Management Unit (Administrative Segregation) (1); and Special Management Unit (Disciplinary Segregation) (2).

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 Data Source: ERO Facility List as of March 4, 2022.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, and where detainees are housed for over 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.⁴

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.

Upon completion of each 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 corrective action plans; and (ii) provide senior executives with an independent assessment of facility operations. ODO’s findings inform ICE executive management in its decision-making to better allocate resources across the agency’s entire detention inventory.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

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

FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected ^{5,6}	Deficiencies
Part 1 - Detainee Services	
Admission and Release	0
Correspondence and Other Mail	0
Detainee Classification System	0
Food Service	0
Funds and Personal Property	0
Group Presentations on Legal Rights	0
Issuance and Exchange of Clothing, Bedding and Towels	0
Marriage Requests	0
Non-Medical Emergency Escorted Trips	0
Voluntary Work Program	0
Sub-Total	0
Part 2 - Security and Control	
Detention Files	2
Detainee Transfers	0
Emergency Plans	0
Environmental Health and Safety	0
Post Orders	0
Special Management Unit (Administrative Segregation)	1
Special Management Unit (Disciplinary Segregation)	1
Use of Force	0
Sub-Total	4
Part 3 - Health Services	
Hunger Strikes	0
Medical Care	2
Suicide Prevention and Intervention	0
Sub-Total	2
Other Standard Reviewed	
NDS 2019 Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	0
Total Deficiencies	6

⁵ For greater detail on ODO's findings, see the *Compliance 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 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services. ODO attempted to conduct detainee interviews via video teleconference; however, the ERO field office and facility were not able to accommodate this request due to technology issues. As such, ODO interviewed the detainees via telephone.

COMPLIANCE INSPECTION FINDINGS

SECURITY AND CONTROL

DETENTION FILES (DF)

ODO reviewed ■ detainee detention files and found each file did not contain a property receipt (Form G-589) or baggage check (Form I-77) (**Deficiency DF-9**⁷).

ODO reviewed the detainee detention files logbook and found it did not include:

- Detainee A-File numbers;
- Reason for removal;
- Signature of person removing the file, including title and department; and
- Signature of person returning the file (**Deficiency DF-30**⁸).

SPECIAL MANAGEMENT UNIT (ADMINISTRATIVE SEGREGATION) (SMUAS)

ODO interviewed the assistant jail administrator and found the facility did not ensure detainees in the administrative segregation status used disposable utensils only. Specifically, the facility issued heavy-duty plastic sporks to the detainees housed in SMU and the detainees retained the sporks after their meals instead of disposing of the sporks (**Deficiency SMUAS-41**⁹).

SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION) (SMUDS)

ODO interviewed the assistant jail administrator and found facility staff did not ensure detainees in disciplinary segregation status used disposable utensils only. Specifically, the facility issued heavy-duty plastic sporks to the detainees housed in SMU and the detainees retained the sporks

⁷ “The file will, at a minimum, contain the following: ...

- e. G-589, Property Receipt; and
- f. I-77, Baggage Check(s).”

See ICE NDS 2000, Standard, Detention Files, Section (III)(B)(1)(e)(f).

⁸ “At a minimum, a logbook entry recording the file’s removal from the cabinet will include:

- a. The detainee’s name and A-File number; ...
- c. Reason for removal;
- c. Signature of person removing the file, including title and department; ...
- e. Signature of person returning the file.”

See ICE NDS 2000, Standard, Detention Files, Section (III)(F)(a)(c)(c)(e).

⁹ “For security purposes, detainees in the SMU shall use disposable utensils only.” See ICE NDS 2000, Standard, Special Management Unit (Administrative Segregation), Section (III)(D)(5).

after their meals instead of disposing of the sporks (**Deficiency SMUDS-34¹⁰**).

HEALTH SERVICES

MEDICAL CARE (MC)

ODO reviewed [REDACTED] contract radiology technologist (CRT) credential files and found in each file, no proof of valid licenses. Specifically, ODO found [REDACTED] files with unavailable CRT licenses and [REDACTED] files with expired CRT licenses (**Deficiency MC-18¹¹**).

ODO reviewed [REDACTED] detainee medical records and found in [REDACTED] out of [REDACTED] records, the facility health care provider did not obtain a signed and dated consent form from the detainee before any medical examination or treatment, except in emergency circumstances (**Deficiency MC-101¹²**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 21 standards under NDS 2000 and 1 standard under NDS 2019 and found the facility in compliance with 18 of those standards. ODO found six deficiencies in the remaining four 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. ERO provided ODO with the uniform corrective action plan for ODO's last inspection of KCJ on December 17, 2021.

Compliance Inspection Results Compared	FY 2021 (NDS 2000)	FY 2022 (NDS 2000)/ (NDS 2019)
Standards Reviewed	12	21/1
Deficient Standards	4	4
Overall Number of Deficiencies	6	6
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	N/A	Superior

¹⁰ "Detainees in the SMU shall, for security reasons, eat with disposable utensils." See ICE NDS 2000, Standard, Special Management Unit (Disciplinary Segregation), Section (III)(D)(10).

¹¹ "The health care staff will have a valid professional licensure and or certification." See ICE NDS 2000, Standard, Medical Care, Section (III)(C).

¹² "The facility health care provider will obtain signed and dated consent forms from all detainees before any medical examination or treatment, except in emergency circumstances." See ICE NDS 2000, Standard, Medical Care, Section (III)(L).