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Office of Professional Responsibility
ICE Inspections
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**Office of Detention Oversight
Compliance Inspection
2023-001-066**

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

**Kandiyohi County Jail
Wilmar, Minnesota**

March 14-16, 2023

**COMPLIANCE INSPECTION
of the
KANDIYOHI COUNTY JAIL
Wilmar, Minnesota**

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COMPLIANCE INSPECTION TEAM MEMBERS



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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 14 to 16, 2023.¹ The facility opened in 2001 and is owned by Kandiyohi County 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) 2019.²

ERO has no staff assigned to the facility. A facility administrator handles daily 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 any outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ³	[REDACTED]
Average ICE Population ⁴	[REDACTED]
Adult Male Population (as of March 14, 2023)	[REDACTED]
Adult Female Population (as of March 14, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2022, ODO found six deficiencies in the following areas: Detention Files (2); Special Management Unit (Administrative Segregation) (1); Special Management Unit (Disciplinary Segregation) (1); and Medical Care (2).

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

² In August 2022, the facility modified their contract with ICE and shifted from NDS 2000 to NDS 2019. This was KCJ's first full inspection under NDS 2019. KCJ's FY 2022 follow-up inspection in September 2022 was under NDS 2019, as such any deficiencies cited in this report that ODO previously cited during the September 2022 follow-up inspection will be considered repeat deficiencies.

³ Data Source: ERO Facility List as of February 27, 2023.

⁴ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, 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.⁵

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 their decision-making to better allocate resources across the agency’s entire detention inventory.

⁵ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{6,7}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	1
Transportation by Land	0
Sub-Total	1
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Use of Force and Restraints	0
Special Management Units	0
Sexual Abuse and Assault Prevention and Intervention	4
Sub-Total	4
Part 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 - Care	
Food Service	1
Medical Care	1
Significant Self-Harm and Suicide Prevention and Intervention	0
Terminal Illness and Death	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	2
Part 5 - Activities	
Correspondence and Other Mail	0
Recreation	0
Visitation	0
Sub-Total	0
Part 6 - Justice	
Detainee Handbook	0
Sub-Total	0
Total Deficiencies	7

⁶ For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

⁷ 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 28 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. One detainee indicated thoughts of self-harm and ODO immediately referred the detainee to facility medical staff for evaluation. Most detainees reported satisfaction with the facility services except for the concerns listed below.

Food Service: One detainee stated his dissatisfaction over small food portions and watered-down food flavor.

- Action Taken: ODO toured the kitchen, reviewed the food menus, tasted the food, and found the food portions and meals complied with nutritional standards. Additionally, ODO found a registered dietitian conducted a complete nutritional analysis of the master-cycle menu and certified the menu to be nutritionally adequate.

Medical Care: One detainee stated facility medical staff denied his request for an extra mattress to help lessen the discomfort from a previous spinal cord injury.

- Action Taken: ODO interviewed the facility's registered nurse (RN)-site manager and confirmed the detainee's prescriptions for a muscle relaxer, Tylenol, and bio-freeze for his back pain. ODO also found the facility does not issue extra mattresses to detainees due to safety concerns.

Medical Care: One detainee stated medical staff told him to wait 2-to-3 days for a facial rash to clear but the rash has not subsided.

- Action Taken: ODO interviewed the facility's RN-site manager and confirmed the detainee did not report any skin concerns during intake. On March 15, 2023, an RN evaluated the detainee's rash and prescribed triamcinolone ointment and advised the detainee to submit a sick call request for any medical concern he may have.

Significant Self-Harm and Suicide Prevention and Intervention: One detainee stated he has thoughts of harming himself but refused to discuss the details.

- Action Taken: ODO interviewed the facility's RN-site manager, reviewed the detainee's medical file, and found the detainee disclosed his depression but never received treatment. Medical staff offered the detainee mental health services on February 1, 2023, but he declined. On March 15, 2023, a facility RN examined the detainee and noted he did not have thoughts of self-harm despite his incomplete answering to all mental health screening questions during the evaluation. The facility RN provided the detainee a referral to a mental health professional, but he declined.

Visitation: One detainee stated ERO denied without valid reason her request for a contact visit in December 2022. She still would like to have a contact visit with her family before ICE departs

her back to Mexico.

- Action Taken: ODO interviewed the facility’s administrative technician and an ERO Saint Paul deportation officer (DO) and confirmed there was no record of the detainee submitting a written request for a contact visit. The DO spoke with the detainee and instructed her on how to submit a written request for a contact visit.

COMPLIANCE INSPECTION FINDING

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed a facility lieutenant, observed barber kits kept in the office storage rooms of Units C and D, and found insufficient equipment for maintaining barber operations required for maintaining sanitary procedures. Specifically, ODO found no laundered towels (**Deficiency EHS-47⁸**). **This is a repeat deficiency.**

SECURITY

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO interviewed the facility Prison Rape Elimination Act coordinator and found ERO Saint Paul had not approved the facility’s written SAAPI policy and procedures (**Deficiency SAAPI-14⁹**).

ODO reviewed the facility’s written procedures for administrative investigations and found no requirements to interview alleged victims, suspected perpetrators, and witnesses nor review prior complaints and reports of sexual abuse and assault involving the suspected perpetrator in the written procedures (**Deficiency SAAPI-136¹⁰**).

ODO reviewed the facility’s written procedures for administrative investigations and found no requirements for documentation of each investigation by a written report in the written procedures (**Deficiency SAAPI-138¹¹**).

⁸ “c. Barber operations will be provided with all equipment and facilities necessary for maintaining sanitary procedures of hair care, including containers for waste, disinfectants, disposable headrest covers, laundered towels, and haircloths.” *See* ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(H)(1)(c).

⁹ “The facility’s written policy and procedures must be reviewed and approved by ICE/ERO.” *See* ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(A).

¹⁰ “The facility shall develop written procedures for administrative investigations, including provisions requiring: ...
b. Interviewing alleged victims, suspected perpetrators, and witnesses;
c. Reviewing prior complaints and reports of sexual abuse and assault involving the suspected perpetrator.”

See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(M)(3)(b and c).

¹¹ “The facility shall develop written procedures for administrative investigations, including provisions requiring: ...

ODO interviewed a facility administrative staff member and found KCJ did not maintain a listing of the names of sexual abuse and assault assailants nor the locations of all sexual abuse and assault incidents occurring within the facility on a computerized incident reporting system (**Deficiency SA-API-182**¹²).

CARE

FOOD SERVICE (FS)

ODO reviewed █ food service personnel (staff) records and found in █ out of █ records, no documented preemployment medical examinations (**Deficiency FS-86**¹³).

MEDICAL CARE (MC)

ODO reviewed █ detainee medical records and found in █ out of █ no comprehensive health assessment, including a physical examination and mental health screening within 14 days of the detainee's arrival at the facility. Specifically, facility medical staff completed one physical examination and mental health screening 18 days after the detainee's arrival (**Deficiency MC-27**¹⁴). **This is a repeat deficiency and a priority component.**

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 19 standards under NDS 2019 and found the facility in compliance with 15 of those standards. ODO found seven deficiencies in the remaining four standards. This was KCJ's first full inspection under NDS 2019 and a trend analysis cannot be completed at this time. However, KCJ went from four deficient standards and six deficiencies in March 2022 to four deficient standards and seven deficiencies during this most recent full inspection, which included 2 repeat deficiencies from their September 2022 follow-up inspection, where ODO inspected the facility against the NDS 2019. ODO did not look at the SA-API standard during the September 2022 follow-up inspection, but the SA-API standard accounted for four out of seven deficiencies during this most recent full inspection. ODO received a completed uniform corrective action plan for the full inspection in March 2022. ODO

f. Documentation of each investigation by written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(M)(3)(f).

¹² "In addition, the facility administrator shall maintain a listing of the names of sexual abuse and assault victims and assailants, along with the dates and locations of all sexual abuse and assault incidents occurring within the facility, on his or her computerized incident reporting system." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(O).

¹³ "All food service personnel (both staff and detainee) shall receive a documented preemployment medical examination." See ICE NDS 2019, Standard, Food Service, Section (II)(I)(3)(a).

¹⁴ "The facility will conduct and document a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival at the facility." See ICE NDS 2019, Standard, Medical Care, Section (II)(E).

recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2022 Full Inspection (NDS 2000)	FY 2023 Full Inspection (NDS 2019)
Standards Reviewed	21/1	19
Deficient Standards	4	4
Overall Number of Deficiencies	6	7
Priority Component Deficiencies	N/A	1
Repeat Deficiencies	0	2
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	Good