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Office of Detention Oversight
Unannounced Compliance Inspection
2024-004-252

Enforcement and Removal Operations
ERO Saint Paul Field Office

Kandiyohi County Jail
Wilmar, Minnesota

March 12-14, 2024

UNANNOUNCED COMPLIANCE INSPECTION
of the
KANDIYOHI COUNTY JAIL
Wilmar, Minnesota

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COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Team Lead	ODO
[REDACTED]	Senior Inspections and Compliance Specialist	ODO
[REDACTED]	Senior Inspections and Compliance Specialist	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections

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.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.

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.

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

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{5,6,7}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	1
Sub-Total	1
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	1
Funds and Personal Property	0
Post Orders	3
Searches of Detainees	0
Use of Force and Restraints	0
Special Management Units	4
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	1
Sub-Total	9
Part 4 - Care	
Food Service	0
Hunger Strikes	0
Medical Care	3
Personal Hygiene	0
Significant Self-Harm and Suicide Prevention and Intervention	1
Sub-Total	4
Part 5 - Activities	
Correspondence and Other Mail	0
Religious Practices	0
Telephone Access	0
Voluntary Work Program	0
Sub-Total	0
Part 6 - Justice	
Grievance System	0
Law Libraries and Legal Materials	0
Sub-Total	0
Part 7 - Administration and Management	

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

⁶ 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.

⁷ 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.

Detention Files	0
Detainee Transfers	0
Sub-Total	0
Total Deficiencies	14

DETAINEE RELATIONS

ODO interviewed 30 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with the facility services except for the concerns listed below.

Medical Care: One detainee stated medical staff did not provide pain medication nor antibiotics in a timely manner.

- Action Taken: ODO interviewed the health services administrator (HSA), reviewed the detainee’s medical record, and found an outside dental provider examined the detainee for severe dental pain on March 8, 2024. The detainee’s medical record documented the dental provider’s confirmation of an abscess and several broken teeth after taking X-rays of the detainee’s mouth. On the same day, the provider extracted 3 teeth and prescribed ibuprofen (400 mg) twice daily for pain. On March 9, 2024, the detainee requested stronger pain medication and antibiotics for the abscess. On March 10, 2024, a facility nurse evaluated the detainee and prescribed the detainee Ibuprofen (800 mg), twice daily; Tylenol (1000 mg), twice daily; Gluconate mouth rinse (.12%), once daily; and clindamycin (300 mg), once daily. ODO confirmed with the HSA the detainee no longer requires any further medication for pain and provided the detainee instructions to request a sick call if the pain returns or worsens.

Medical Care: One detainee stated the medical department denied her request for a dental cleaning because of her braces.

- Action Taken: ODO interviewed the HSA, reviewed the detainee’s medical record, and found the detainee had braces on her teeth upon arriving at the facility on September 9, 2022. On May 4, 2023, the detainee submitted a request for a dental cleaning, and an outside dental provider examined her teeth on July 7, 2023. The provider noted in the detainee’s medical record his decision to forego a dental cleaning due to the detainee’s projected departure from the facility within 30 days; however, her departure was postponed. On March 22, 2024, ODO confirmed with the HSA the facility’s new dental provider could administer on-site dental cleanings and completed the detainee’s dental cleaning on that day.

UNANNOUNCED COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO reviewed the facility's emergency plans and found the emergency plans did not specifically address procedures for handling detainees with disabilities during an emergency response (**Deficiency EHS-25⁸**).

SECURITY

FACILITY SECURITY AND CONTROL (FSC)

ODO reviewed the facility's visitation logbook and found no entries for the person or department visited nor the purpose of the visit (**Deficiency FSC-17⁹**).

POST ORDERS (PO)

ODO interviewed the facility's leadership, reviewed the facility's written PO policy, and found the following deficiencies:

- No descriptions nor explanation of circumstances and conditions for the authorized use of firearms (**Deficiency PO-10¹⁰**);
- No reference to take into consideration a state of duress for any staff member taken hostage (**Deficiency PO-11¹¹**); and
- No specific instructions for escape attempts (**Deficiency PO-13¹²**).

SPECIAL MANAGEMENT UNITS (SMU)

ODO interviewed the facility's leadership, reviewed ■ administrative segregation detainee detention files, ■ disciplinary segregation detainee detention files, and found the following deficiencies:

- No indication of date and time of release on the administrative segregation order in ■

⁸ "Plans will include procedures for detainees with disabilities to ensure their safety and security during the facility response." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(B).

⁹ "Every entry in the logbook will identify the person visiting; the person or department visited; date and time of visitor's arrival; purpose of visit; and time of departure." See ICE NDS 2019, Standard, Facility Security and Control, Section (II)(C)(2)(b).

¹⁰ "Post orders for armed and perimeter-access post assignments will, among other things, describe and explain: ...
2. Circumstances and conditions when use of firearms is authorized."

See ICE NDS 2019, Standard, Post Orders, Section (II)(D)(2)

¹¹ "Post orders for armed posts, and for posts that control access to the institution perimeter, shall clearly state that any staff member who is taken hostage is considered to be under duress." See ICE NDS 2019, Standard, Post Orders, Section (II)(D).

¹² "Specific instructions for escape attempts shall be included in the post orders for armed posts." See ICE NDS 2019, Standard, Post Orders, Section (II)(D).

- out of ■ files (**Deficiency SMU-19¹³**);
- No completed administrative segregation order in the detainee’s detention file nor maintained in a retrievable electronic format in ■ out of ■ files (**Deficiency SMU-20¹⁴**);
- No indication of the date and time of release on the disciplinary segregation order in ■ out of ■ files (**Deficiency SMU-42¹⁵**); and
- No completed disciplinary segregation order in the detainee’s detention file nor maintained in a retrievable electronic format in ■ out of ■ files (**Deficiency SMU-43¹⁶**).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO interviewed facility and ERO leadership and found ERO Saint Paul has not reviewed nor approved KCJ’s written policy or procedures (**Deficiency SAAPI-14¹⁷**). **This is a repeat deficiency.**

CARE

MEDICAL CARE (MC)

ODO reviewed ■ detainee medical records and found in ■ out of ■ records, no tuberculosis screening for new arrivals in accordance with Center for Disease Control guidelines prior to placement in the general population. Specifically, ■ files contained readings of the purified protein derivative (PPD) skin test results before the minimum 48-hour time requirement, and ■ files contained readings of the PPD skin test results after the maximum 72-hour time requirement (**Deficiency MC-18¹⁸**). **This is a priority component.**

ODO interviewed the facility’s medical staff, reviewed the health training policy for correctional officers, ■ facility staff training records, and found in ■ out of ■ staff training records, no documentation for cardiopulmonary resuscitation training (**Deficiency MC-59¹⁹**).

¹³ “When the detainee is released from administrative segregation, the releasing officer shall indicate the date and time of release on the administrative segregation order.” *See* ICE NDS 2019, Standard, Special Management Units, Section (II)(A)(2)(c).

¹⁴ “The completed order shall then be included in the detainee’s detention file or maintained in a retrievable electronic format.” *See* ICE NDS 2019, Standard, Special Management Units, Section (II)(A)(2)(c).

¹⁵ “When the detainee is released from disciplinary segregation, the releasing officer shall indicate the date and time of release on the disciplinary segregation order.” *See* ICE NDS 2019, Standard, Special Management Units, Section (II)(B)(2)(c).

¹⁶ “The completed order shall then be included in the detainee’s detention file or maintained in a retrievable electronic format.” *See* ICE NDS 2019, Standard, Special Management Units, Section (II)(B)(2)(c).

¹⁷ “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).

¹⁸ “All new arrivals shall receive tuberculosis (TB) screening in accordance with the most current Centers for Disease Control and Prevention (CDC) guidelines, including, but not limited to, CDC Guidelines for Correctional Facilities, prior to being placed in general population.” *See* ICE NDS 2019, Standard, Medical Care, Section (II)(D)(1).

¹⁹ “This training will be provided by a responsible medical authority in cooperation with the facility and will include the following: ...

b. The administration of first aid and cardiopulmonary resuscitation (CPR).”

See ICE NDS 2019, Standard, Medical Care, Section (II)(K)(b).

ODO reviewed medical files of nine detainees with prescribed psychotropic medications and found in two out of nine files, medical staff did not obtain separate documented informed consent forms that included a description of the medications’ side effects prior to administering the medication to the detainees (**Deficiency MC-93²⁰**). **This is a repeat deficiency and a priority component.**

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHSPI)

ODO reviewed [redacted] detention files of detainees placed on suicide watch and found in [redacted] out of [redacted] files, no referral to a mental health provider for a detainee the facility identified as at risk for suicide or self-harm (**Deficiency SSHSPI-11²¹**).

CONCLUSION

During this unannounced compliance inspection, ODO assessed the facility’s compliance with 24 standards under NDS 2019 and found the facility in compliance with 17 of those standards. ODO found 14 deficiencies in the remaining 7 standards. Since KCJ’s last full inspection in March 2023, the facility compliance with the ICE NDS 2019 has trended downward. KCJ went from 4 deficient standards and 7 deficiencies in March 2023 to 7 deficient standards and 14 deficiencies during this most recent full inspection, including 2 priority component deficiencies in Medical Care. ODO received a completed UCAP for ODO’s last inspection in July 2023; however, the corrective actions the facility took in both SAAPI and MC deficiencies appeared insufficient to prevent recurrence of the deficiencies. For SAAPI-14, the UCAP included a corrective action response that did not address correcting the deficiency and ODO found no action taken to correct the previous deficiency. ODO recommends ERO Saint Paul continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2023 Full Inspection (NDS 2019)	FY 2024 Full Inspection (NDS 2019)
Standards Reviewed	19	24
Deficient Standards	4	7
Overall Number of Deficiencies	7	14
Priority Component Deficiencies	1	2
Repeat Deficiencies	2	2
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Good	Acceptable/Adequate ²²

²⁰ “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).

²¹ “Detainees identified as at risk for suicide or self-harm shall be immediately referred to a mental health provider.” See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(D).

²² ODO revised their rating system at the end of FY 2023 and beginning in FY 2024, facilities rated as “Superior” will have no or very minimal deficiencies and will have no repeat or priority component deficiencies.