



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

**Office of Detention Oversight
Follow-Up Compliance Inspection
2023-002-210**

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

**Kandiyohi County Jail
Wilmar, Minnesota**

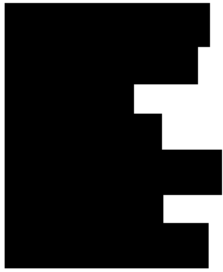
September 26-28, 2023

FOLLOW-UP COMPLIANCE INSPECTION
of the
KANDIYOHI COUNTY JAIL
Wilmar, Minnesota

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Acting Team Lead	ODO
Inspections and Compliance Specialist	ODO
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Contractor	Creative Corrections
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Contractor	Creative Corrections

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, and where detainees are housed for longer than 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.⁴

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which may include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's uniform corrective action plan (UCAP), and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

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}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	2
Sub-Total	2
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Use of Force and Restraints	3
Special Management Unit	0
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	1
Sub-Total	4
Part 4 - Care	
Food Service	3
Medical Care	3
Significant Self-Harm and Suicide Prevention and Intervention	0
Terminal Illness and Death	0
Sub-Total	6
Part 5 - Activities	
Recreation	0
Telephone Access	1
Sub-Total	1
Part 6 - Justice	
Grievance System	0
Sub-Total	0
Total Deficiencies	13

⁵ For greater detail on ODO's findings, see the *Follow-up 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 28 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

Medical Care: One detainee stated the facility served her food containing peanuts, an allergen to her, justifying her need for a medical diet, but she was not receiving the approved medical diet.

- Action Taken: On September 27, 2023, ODO spoke to the nursing supervisor, reviewed the detainee's medical file, and found facility staff placed her on a medical diet, effective April 26, 2023. ODO found the facility food service manager had a copy of the detainee's medical diet but did not place her name on the special diet list. On September 28, 2023, ODO confirmed the special diet list included the detainee's name and notified the detainee.

Religious Practices: One Spanish-speaking detainee stated the facility conducted religious services only in English, preventing her from participating.

- Action Taken: On September 27, 2023, ODO met with the facility program director and confirmed the facility conducts Bible study in Spanish on Mondays, from 6:30 to 8:30 p.m. ODO confirmed the facility aired an internal announcement of the monthly religious service schedule on facility television monitors in English and Spanish and notified the detainee of the available service.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the administrative sergeant, toured the barbershop areas located in units C and D, and found the facility did not provide barber operations with disinfectant necessary for maintaining sanitary hair care procedures (**Deficiency EHS-47⁷**). **This is a repeat deficiency.**

ODO interviewed the administrative sergeant, toured the barbershop area, and found the facility staff cleaned hair care tools with Andis Blade Care Plus but did not submerge the tools into a sanitizing solution after each use as required by the Minnesota Board of Barber Examiners (**Deficiency EHS-48⁸**).

⁷ "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).

⁸ "All hair care tools which come in contact with detainees will be cleaned and disinfected prior to each use." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(H)(1)(d).

SECURITY

USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed the KCJ response-to-resistance policy and one calculated use-of-force (CUOF) file, which included the after-action report, dated July 25, 2023, and found the following deficiencies:

- Facility staff did not record the CUOF, which prevented the facility from having available for an ICE/ERO review of the incident (**Deficiency UOFR-19⁹**);
- Facility staff did not obtain and record immediately with a video camera the UOF incident (**Deficiency UOFR-84¹⁰**); and
- As per team-technique procedures, facility staff did not record the CUOF (**Deficiency UOFR-85¹¹**).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO interviewed a facility lieutenant and an ICE deportation officer and found ERO Saint Paul declined to review and approve KCJ's written policy and procedures until the facility received a prison rape elimination act audit (**Deficiency SAAPI-14¹²**). **This is a repeat deficiency.**

CARE

FOOD SERVICE (FS)

ODO toured the FS department, observed the insulated food trays, and found in 203 out of 252 trays, heavily pitted, chipped, scratched, and stained surfaces of the trays did not meet the Food and Drug Administration (FDA) requirement for easy cleaning (**Deficiency FS-95¹³**).

ODO reviewed the dishwasher machine final rinse temperature log entries, observed the dishwasher machine while in operation, and found in 126 out of 356 entries, the final rinse temperature did not meet the FDA's sanitation requirement of 180 Fahrenheit (F) degrees. Additionally, ODO observed the dishwasher machine reached a final rinse temperature of 157 F degrees (**Deficiency FS-98¹⁴**).

⁹ "Use-of-force recordings shall be available for ICE/ERO incident reviews. They may also be used for training, e.g., after-action review training." *See* ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(B)(2)(b)(2).

¹⁰ "Staff shall immediately obtain and record with a video camera any use-of-force incident, unless such a delay in bringing the situation under control would constitute a serious hazard to the detainee, staff, or others, or would result in a major disturbance or serious property damage." *See* ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(J)(3).

¹¹ "Calculated use of force shall be video recorded as specified in part B.2.b. of this standard, 'Use-of-Force Team Technique.'" *See* ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(J)(3).

¹² "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).

¹³ "The facility will adhere to the health and safety standards of the FDA and/or state or local authorities with oversight of food service operations." *See* ICE NDS 2019, Standard, Food Service, Section (II)(I)(6).

¹⁴ "Spray- or immersion-dishwashers or devices, including automatic dispensers for detergents, wetting agents, and

ODO interviewed the facility's maintenance supervisor, reviewed fixed fire-suppression system inspection and service reports, and found a qualified contractor completed the last two inspections 7 months apart on February 16, 2023, and September 21, 2023 (**Deficiency FS-112**¹⁵).

MEDICAL CARE (MC)

ODO reviewed █ detainee medical records and found in █ out of █ records, medical staff did not complete a detainee's health assessment until 15 days after the detainee arrived at the facility (**Deficiency MC-27**¹⁶). **This is a repeat deficiency and is a priority component.**

ODO reviewed the medical records of two detainees prescribed psychotropic medications and found in two out of two records, medical staff did not obtain separate documented informed consent forms that included a description of the medications' side effects prior to administering (**Deficiency MC-93**¹⁷). **This is a priority component.**

ODO reviewed the medical records of six female detainees and found in six out of six records, the facility did not offer a pelvic and breast examination, pap test, baseline mammography, nor sexually transmitted disease (STD) test as deemed appropriate or necessary by a health care practitioner. Specifically, the provider documented in each record, a female specific exam had not been performed without noting the detainee's approval or disapproval (**Deficiency MC-139**¹⁸).

ACTIVITIES

TELEPHONE ACCESS (TA)

ODO reviewed the KCJ policy and procedure, Inmate Telephone Access, dated April 7, 2022, interviewed a facility sergeant, and found the facility did not inspect the telephones daily (**Deficiency TA-7**¹⁹).

liquid sanitizer, shall be maintained in good repair." See ICE NDS 2019, Standard, Food Service, Section (II)(I)(6)(b).

¹⁵ "A qualified contractor shall inspect the system every six months." See ICE NDS 2019, Standard, Food Service, Section (II)(I)(10)(c).

¹⁶ "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." See ICE NDS 2019, Standard, Medical Care, Section (II)(E).

¹⁷ "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).

¹⁸ "A pelvic and breast examination, pap test, baseline mammography and sexually transmitted disease (STD) testing shall be offered and provided as deemed appropriate or necessary by a health care practitioner." See ICE NDS 2019, Standard, Medical Care, Section (II)(U)(1).

¹⁹ "Appropriate facility staff shall inspect the telephones daily, promptly report out-of-order telephones to the repair service, and ensure required repairs are completed quickly." See ICE NDS 2019, Standard, Telephone Access, Section (II)(D).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 16 standards under NDS 2019 and found the facility in compliance with 11 of those standards. ODO found 13 deficiencies in the remaining 6 standards. Since KCJ’s last full inspection in March 2023, the facility’s overall compliance with the ICE NDS 2019 has trended down. KCJ went from 4 deficient standards and 7 deficiencies in March 2023 to 6 deficient standards and 13 deficiencies during this most recent follow-up inspection, including 2 priority component deficiencies in Medical Care. ODO did not review the Telephone Access standard during the March 2023 inspection as it was not an FY 2023 core standard, and this standard accounted for 1 out of 13 deficiencies found during this most recent inspection. KCJ completed a UCAP for ODO’s previous full inspection in March 2023, which resolved most of the previous deficiencies. However, KCJ had 3 repeat deficiencies in Environmental Health and Safety, Sexual Abuse and Assault Prevention and Intervention and Medical Care, where corrective action was either not completed or found to be ineffective at preventing the deficiencies from reoccurring. 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 2023 Follow-up Inspection (NDS 2019)
Standards Reviewed	19	16
Deficient Standards	4	6
Overall Number of Deficiencies	7	13
Priority Component Deficiencies	1	2
Repeat Deficiencies	2	3
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Good	N/A