



**U.S. Department of Homeland Security**  
U.S. Immigration and Customs Enforcement  
Office of Professional Responsibility  
ICE Inspections  
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**Office of Detention Oversight  
Follow-Up Compliance Inspection**

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

**Sherburne County Jail  
Elk River, Minnesota**

**June 14-16, 2022**

**FOLLOW-UP COMPLIANCE INSPECTION**  
**of the**  
**SHERBURNE COUNTY JAIL**  
Elk River, Minnesota

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## **FOLLOW-UP 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 follow-up compliance inspection of the Sherburne County Jail (SCJ) in Elk River, Minnesota, from June 14 to 16, 2022.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last inspection of SCJ from November 1 to 4, 2021. The facility opened in 1979 and is owned and operated by the Sherburne County Sheriff’s Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at SCJ in 1989 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.

ERO has assigned deportation officers (DOs) to the facility. A jail commander handles daily facility operations and manages [REDACTED] support personnel. Trinity Food Service provides food services, MEnD Correctional Care provides medical care, and Sherburne County provides commissary services at the facility. The facility received accreditation from the American Correctional Association in August 2021 and the National Commission on Correctional Health Care in January 2022.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	[REDACTED]
Average ICE Detainee Population <sup>3</sup>	[REDACTED]
Male Detainee Population (as of June 13, 2022)	[REDACTED]
Female Detainee Population (as of June 13, 2022)	[REDACTED]

During its last inspection, in November 2021, ODO found seven deficiencies in the following areas: Special Management Unit (1); Sexual Abuse and Assault Prevention and Intervention (1); Medical Care (3); Significant Self-Harm and Suicide Prevention and Intervention (1); and Correspondence and Other Mail (1).

<sup>1</sup> This facility holds both female and male detainees with low, medium-low, medium-high, and high security classification levels for periods longer than 72 hours.

<sup>2</sup> Data Source: ERO Facility List Report as of June 13, 2022.

<sup>3</sup> *Ibid.*

## **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.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which 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.

## FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected <sup>4&amp;5</sup>	Deficiencies
<b>Part 1 – Safety</b>	
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 – Security</b>	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Sexual Abuse and Assault Prevention and Intervention	0
Use of Force and Restraints	1
Special Management Units	1
Staff-Detainee Communication	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 4 – Care</b>	
Food Service	1
Hunger Strikes	0
Medical Care	2
Significant Self-Harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>3</b>
<b>Part 5 – Activities</b>	
Correspondence and Other Mail	0
Telephone Access	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 – Justice</b>	
Detainee Handbook <sup>6</sup>	1
Grievance Systems	0
<b>Sub-Total</b>	<b>1</b>
<b>Total Deficiencies</b>	<b>6</b>

<sup>4</sup> For greater detail on ODO’s findings, see the *Follow-Up Compliance Inspection Findings* section of this report.

<sup>5</sup> Beginning in FY 2021, ODO added Emergency Plans, Facility Security and Control, Population Counts, Hunger Strikes, and Staff Training as core standards. NDS 2019 does not include Emergency Plans, Population Counts, nor Staff Training as individual standards; however, those specific requirements are resident in other core standards.

<sup>6</sup> The deficiency ODO cited in the Detainee Handbook standard was found during detainee interviews and while reviewing the Admission and Release standard; ODO did not inspect the Detainee Handbook standard in its entirety.

## DETAINEE RELATIONS

ODO interviewed five detainees, who each voluntarily agreed to participate.<sup>7</sup> None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

*Admission and Release:* Three detainees stated they did not receive the facility specific handbook nor ICE National Detainee Handbook upon intake to the facility.

- Action Taken: ODO reviewed the three detainees' detention files and found no acknowledgement form in on one out of three files; the facility was unable to provide ODO with a copy of the one missing form, which ODO cited as a deficiency in the *Detainee Handbook* standard section of this report. ODO interviewed an ERO Saint Paul DO and found ERO Saint Paul provides the ICE National Detainee Handbook to the detainees prior to their arrival at SCJ. Per ODO's request, the facility issued copies of both handbooks to all three detainees on June 15, 2021, and forwarded copies of the signed acknowledgement forms to ODO.

*Medical Care:* One detainee stated he submitted a medical request in the beginning of June and did not receive a response. He stated he submitted a grievance to follow-up and still awaited a response.

- Action Taken: ODO reviewed the detainee's medical record and found medical requests submitted on March 29, 2022, and April 16, 2022. Medical staff responded to both requests within 24 hours and provided appropriate care for his complaints. The detainee submitted another medical request on June 8, 2022, and medical triaged him on the same day. On June 14, 2022, the detainee submitted a formal grievance regarding high blood pressure and pain. ODO reviewed the grievance, dated May 12, 2022, but medical staff stated it received the request on June 14, 2022. ODO reviewed the grievance log and found it did not include a request dated for May 12, 2022. On June 16, 2022, the medical staff examined the detainee, prescribed pain medication to be taken twice a day, and informed him to submit another medical request if the problem persists.

*Medical Care:* One detainee stated he submitted two medical requests around June 4, 2022, and received no responses.

- Action Taken: ODO reviewed the detainee's medical record and found a medical request, dated June 4, 2022, for new prescription eyeglasses. The detainee claimed he lost the eyeglasses he received on March 30, 2022. ERO Saint Paul received and approved the detainee's request for another pair of eyeglasses, and the facility scheduled him for an eye appointment on June 30, 2022.

The detainee submitted his second medical request for high blood pressure on June 6,

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<sup>7</sup> There were seven detainees at the time of ODO's inspection; however, one detainee refused an interview, and the second detainee had an appointment at the time of the interviews. The facility was unable to accommodate a time for an interview due to the detainee's follow up appointments.

2022. Medical staff examined him the same day and continued to monitor his blood pressure. Facility protocol requires 3 consecutive high blood pressure readings within 2 weeks before medical prescribes blood pressure medication. On June 15, 2022, the facility spoke with the detainee and ensured he understood the requirement.

*Medical Care:* One detainee stated he had an allergy that caused skin rashes and wanted to wash his laundry separately from the other detainees. ODO observed a pink rash on the interior of the detainee's right elbow. The detainee stated he visited medical staff on June 13, 2022, and received no help.

- Action Taken: ODO reviewed the detainee's medical record and found the detainee submitted a medical grievance on March 7, 2022, regarding his skin allergy and laundry restriction. Medical staff provided the detainee with Dreft soap for his laundry, unscented bar wash soap, and Lotrimin, Eucerin, and Triamcinolone for his rash. The facility allowed the detainee to use the sink in his dorm to wash his clothing separately from general laundry. The detainee visited the medical staff weekly to monitor his rash, including the visit on June 13, 2022. On June 16, 2022, ODO met with the detainee and confirmed with him medical staff provided proper care for his rash. ODO encouraged him to submit a request if he needed extra clothing for his skin.

*Religious Practices:* One detainee stated he wanted to pray the Jumma (Friday) prayer in congregation in the gymnasium, but the facility denied it.

- Action Taken: ODO interviewed the facility program coordinator and found the facility allows detainees to lead congregational prayers in the housing units, but not in the gymnasium. Detainees may use the gymnasium only when an imam is available to lead them in the Jumma prayer. The facility has not permitted use of the gymnasium for formal prayer since the beginning of the COVID-19 pandemic. The detainee verbally requested use of the gymnasium to the program coordinator, and ODO found no record of the request to review. The program coordinator informed the detainee of the facility policy, and the detainee acknowledged that he understood.

*Religious Practices:* One detainee stated he submitted a request to the religious coordinator and did not receive a response. The detainee also stated that the facility does not allow him to purchase religious items and threw away his approved religious book. The detainee also stated the facility did not give him access to his personal property.

- Action Taken: ODO reviewed the detainee's requests and noted his high number of submitted requests when compared to other detainees. The detainee submitted a request on March 24, 2022, and March 30, 2022, for Christian and Islamic religious texts and, the facility responded to both requests within 24 hours.

ODO interviewed a facility major, reviewed the detainee's grievance submitted on May 22, 2022, and found an officer mistakenly threw away the detainee's religious book during a shakedown, which upset the detainee. The major admitted the officer's mistake and stated the officer immediately apologized to the detainee and retrieved his book from the trash.

The facility does not allow detainees access to oils, rosaries, etc. because of security



reasons. However, the facility allowed the detainee to submit a request for a chaplain to visit with the religious items and partake in the religious services. ERO Saint Paul informed ODO the facility would allow the detainee access to retrieve an item from his personal property, as long as it did not compromise security. ODO found no request on file for the detainee to retrieve religious items from his personal property.

On June 16, 2022, ODO met again with the detainee and encouraged him to submit a request to the program coordinator for assistance to meet with a chaplain and to access his personal property as needed. The detainee understood the priorities of security and safety at the detention center and the follow-up answers satisfied his concerns.

*Staff-Detainee Communication:* One detainee stated ICE staff members do not interact with him often and are not helpful.

- Action Taken: ODO reviewed the detainee's grievances and found none on record regarding ICE. ODO reviewed ERO visitation logs, interviewed ERO Saint Paul personnel, and confirmed the staff made weekly visits to the dorm and engaged with each of the seven detainees. ERO Saint Paul informed ODO this particular detainee sought information on a court appeal that the facility does not provide to detainees. On June 15, 2022, ERO Saint Paul met with the detainee regarding how to submit a legal appeal and how to contact particular courts. ODO met with the detainee again on June 16, 2022, and the detainee admitted he had not yet attempted to contact the courts after the facility staff demonstrated to him how to do so. The detainee expressed frustration regarding his inability to contact agencies that were non-detention related. He realized ERO has no control over outside agencies and that naturalization is a process. The detainee had no further issues.

*Telephone Access:* One detainee stated he pays for legal calls and his lawyer has difficulty contacting him.

- Action Taken: On June 15, 2022, ODO interviewed a facility sergeant and reviewed the detainee's call log. Mid-Minnesota Legal Aid assisted the detainee with his immigration case. On June 1, 2022, the detainee's legal representative called the facility, requesting to speak with the detainee. The facility notified the detainee immediately and the detainee returned the call 3 minutes later. He spoke on the phone for 7 minutes and 53 seconds at a cost of \$1.28. The detainee did not submit a request to add his legal representative's phone number into the Network Communication International Corporation (NCIC), Inmate Communications phone system in order to mark it as a free legal call. On June 15, 2022, the facility's jail program coordinator sent the detainee a direct message through the tablet system, informing the detainee to provide the attorney number to the facility. On June 16, 2022, the facility verified the number and added the attorney's contact information into the NCIC, Inmate Communications system.

*Visitation:* One detainee stated the facility denied his request for a video visit with his sister.

- **Action Taken:** ODO reviewed the detainee’s grievances and found nothing regarding the detainee’s video visitation requests. On June 16, 2022, ODO spoke with the jail administration office supervisor, and she knew of no issues regarding video visitation. ODO met with the detainee the same day and provided him with contact information and procedures for setting up video visits. ODO also informed the detainee to submit a request in order for the supervisor to respond properly. The resolution satisfied the detainee.

## **FOLLOW-UP COMPLIANCE INSPECTION FINDINGS**

### **SECURITY**

#### **USE OF FORCE AND RESTRAINTS (UOFR)**

ODO reviewed two UOF incidents and found in two out of two after-action reports, the facility administrator did not sign the reports to acknowledge the appropriateness of the findings (**Deficiency UOFR-91<sup>8</sup>**).

#### **SPECIAL MANAGEMENT UNITS (SMU)**

ODO reviewed the electronic log of daily administrative segregation (AS) reviews and nine detainee AS files. ODO found that although the facility conducted daily reviews and interviews, nine out of nine AS files did not contain a written record of the decision and the justification for administrative segregation (**Deficiency SMU-24<sup>9</sup>**).

### **CARE**

#### **FOOD SERVICE (FS)**

ODO reviewed daily checks of equipment temperatures and found the facility did not record temperatures for all required equipment. Specifically, the facility did not record dishwasher temperature checks during 40 out of 330 meal services (**Deficiency FS-118<sup>10</sup>**).

#### **MEDICAL CARE (MC)**

ODO reviewed MEnD’s Medication Management policy, interviewed the supervisory nurse, and reviewed 6 months of temperature logs for medication and vaccine refrigerators. ODO found eight temperature log entries for the medication refrigerator fell outside of the required temperature ranges of 35-46 degrees Fahrenheit (five entries at 47 Fahrenheit (F) degrees; two entries at 48 F degrees;

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<sup>8</sup> “The facility administrator shall review and sign the report, acknowledging its finding that the use of force was appropriate or inappropriate.” See ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(J)(5).

<sup>9</sup> “A written record shall be made of the decision and the justification.” See ICE NDS 2019, Standard, Special Management Units, Section (II)(A)(3)(a)(2).

<sup>10</sup> “Daily checks of equipment temperatures shall follow this schedule:

1. Dishwashers: every meal.”

See ICE NDS 2019, Standard, Food Service, Section (II)(I)(11)(b)(1).

and one entry at 32 F degrees) and the facility missed 10 days of recording medication refrigerator temperatures (**Deficiency MC-10<sup>11</sup>**). **This is a repeat deficiency.**

ODO reviewed MEnD’s Medication Management policy and seven medical records of detainees with medication administration records and found the health care provider did not keep consistent written records of all the medication either taken or refused by the detainees. Specifically, the health care provider missed documenting 20 medication doses and ODO found no medication refusal forms in the records (**Deficiency MC-62<sup>12</sup>**). **This is a repeat deficiency.**

## **JUSTICE**

### **DETAINEE HANDBOOK (DH)**

ODO reviewed seven detainee files and found in two out of seven files, no handbook receipts for the ICE National Detainee Handbook (**Deficiency DH-9<sup>13</sup>**).

## **CONCLUSION**

During this inspection, ODO assessed the facility’s compliance with 17 standards under NDS 2019 and found the facility in compliance with 12 of those standards. ODO found six deficiencies in the remaining five 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 UCAP for ODO’s last inspection of SCJ on March 30, 2022.

<b>Compliance Inspection Results Compared</b>	<b>First FY 2022 (NDS 2019)</b>	<b>Second FY 2022 (NDS 2019)</b>
Standards Reviewed	19	17
Deficient Standards	5	5
Overall Number of Deficiencies	7	6
Repeat Deficiencies	1	2
Areas of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	N/A

<sup>11</sup> “All pharmaceuticals will be stored in a secure area and temperature controlled to ensure no alteration in potency.” See ICE NDS 2019, Standard, Medical Care, Section (II)(B).

<sup>12</sup> “Health care providers and officers shall keep written records of all medication given to (or refused by) detainees.” See ICE NDS 2019, Standard, Medical Care, Section (II)(L).

<sup>13</sup> “The facility will document and maintain a detainee acknowledgement of receipt of the ICE National Detainee Handbook and facility handbook.” See ICE NDS 2019, Standard, Detainee Handbook, Section (II)(F).