



U.S. Department of Homeland Security
U.S. 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

Sherburne County Jail
Elk River, Minnesota

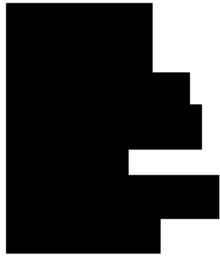
November 1-4, 2021

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

TABLE OF CONTENTS

FACILITY OVERVIEW	4
COMPLIANCE INSPECTION PROCESS	5
FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES	6
DETAINEE RELATIONS	7
COMPLIANCE INSPECTION FINDINGS	7
DETAINEE SERVICES	7
Correspondence And Other Mail	7
SECURITY AND CONTROL	7
Sexual Abuse And Assault Prevention And Intervention.....	7
Special Management Units	7
CARE	7
Medical Care.....	7
Significant Self-Harm And Suicide Prevention And Intervention	8
CONCLUSION	8

COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead
Inspections and Compliance Specialist
Inspections and Compliance Specialist
Contractor
Contractor
Contractor
Contractor

ODO
ODO
ODO
Creative Corrections
Creative Corrections
Creative Corrections
Creative Corrections

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 Sherburne County Jail (SCJ) in Elk River, Minnesota, from November 1 to 5, 2021.¹ 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 to the facility. A jail commander handles daily facility operations and manages [REDACTED] support personnel. Summit Food Service provides food services, MEnD Correctional Care provides medical care, and Sherburne County provides commissary services at the facility. The facility was accredited by the American Correctional Association in 2021.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	[REDACTED]
Average ICE Detainee Population ³	[REDACTED]
Male Detainee Population (as of November 1, 2021)	[REDACTED]
Female Detainee Population (as of November 1, 2021)	[REDACTED]

During its last inspection, in June 2021, ODO found 12 deficiencies in the following areas: Custody Classification System (3); Hunger Strikes (2); Medical Care (5); Sexual Abuse and Assault Prevention and Intervention (1); and Special Management Units (1).

¹ 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.

² Data Source: ERO Facility List Report as of September 27, 2021.

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 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.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO also highlights instances in which 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 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{5,6&7}	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	0
Post Orders	0
Searches of Detainees	0
Special Management Unit	1
Sexual Abuse and Assault Prevention and Intervention	1
Use of Force and Restraints	0
Sub-Total	2
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	1
Voluntary Work Program	0
Sub-Total	1
Part 6 – Justice	
Legal Rights Group Presentations	0
Sub-Total	0
Part 7 – Administration and Management	
Detention Files	0
Detainee Transfers	0
Sub-Total	0
Total Deficiencies	7

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

⁶ Beginning in FY2021, 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.

⁷ NDS 2019 does not include Emergency Plans; however, specific requirements are resident in other core standards.

DETAINEE RELATIONS

ODO interviewed four detainees, who each voluntarily agreed to participate. SCJ had a total of 13 detainees of which 9 declined to interview with ODO inspectors. None of the detainees made allegations of discrimination, mistreatment, nor abuse. The four detainees who did interview reported satisfaction with facility services. ODO conducted detainee interviews via teleconference due to the facility's lack of technical capabilities.

COMPLIANCE INSPECTION FINDINGS

ACTIVITIES

CORRESPONDENCE AND OTHER MAIL (COM)

ODO reviewed SCJ's facility-specific handbook and found the facility automatically considers all newspaper articles in the detainee's possession as contraband (**Deficiency COM-30⁸**).

SECURITY

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed SCJ's training records, interviewed facility staff, and found the facility does not include the facility's SAAPI program in its biannual refresher training (**Deficiency SAAPI-26⁹**).

SPECIAL MANAGEMENT UNIT (SMU)

ODO reviewed ■ administrative segregation files and ■ disciplinary segregation files that contained ■ segregation unit records and found in 226 out of 1050 shifts, the housing officer who conducted the activity did not sign the record (**Deficiency SMU AS-68¹⁰**).

CARE

MEDICAL CARE (MC)

ODO reviewed SCJ's medical policy, interviewed the director of nursing/health service administrator, reviewed 6 months of temperature logs for both medical and laboratory refrigerators requiring temperature ranges of 35-46 degrees Fahrenheit, and found not all pharmaceuticals were stored in a proper temperature-controlled manner to ensure no alteration in pharmaceutical potency. Specifically, the 24-hour high reading in the range from 47-62 degrees Fahrenheit and the 24-hour low reading in the range from 32-34 degrees Fahrenheit were out of range for both

⁸ "Newspaper articles that depict or describe violence in a detainee's country of origin may be relevant to a detainee's legal case and should not automatically be considered contraband." See ICE NDS 2019, Standard, Correspondence and Other mail, Section (II)(G).

⁹ "Training on the facility's Sexual Abuse and Assault Prevention and Intervention Program shall be included in training for all employees and shall also be included in biannual refresher training thereafter." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(E).

¹⁰ "The housing officer shall initial the record after the medical visits are completed, but no later than the end of the shift." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(D)(2)(b).

refrigerators in: 18 out of 62 readings in May 2021; 3 out of 60 readings in June 2021; 32 out of 62 readings in July 2021; 10 out of 62 readings in August 2021; 32 out of 60 readings in September 2021; and 20 out of 62 readings in October 2021. Additionally, the facility did not record refrigerator temperatures for 3 out of 6 months (**Deficiency MC-10¹¹**).

ODO reviewed SCJ's MEnD policy and [REDACTED] medical records of detainees with medication administration records (MARs) and found in all [REDACTED] MARs, the health care provider did not keep written documentation of all the medications the medical staff administered to the detainee or for the medications the detainee refused (**Deficiency MC-62¹²**).

ODO reviewed the initial health assessments of [REDACTED] female detainees and found medical staff did not inquire about the following:

- Reproductive history (i.e., number of pregnancies, number of live births, number of spontaneous/elective abortions, pregnancy complications, etc.).
- History of breast and gynecological problems; nor
- Family history of breast and gynecological problems (**Deficiency MC-138¹³**). **This is a repeat deficiency.**

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

ODO reviewed two observation logs of detainees placed on suicide watch precaution during the inspection period and found five observation log entries exceeded the 15-minute requirement. Specifically, facility staff logged the observation entries between 16-22 minutes (**Deficiency SSHSPI-27¹⁴**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 19 standards under NDS 2019 and found the facility in compliance with 14 of those standards. ODO found seven deficiencies in the remaining five standards. ODO commends facility staff members for their responsiveness during this inspection and recommends ERO Saint Paul work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ERO provided

¹¹ "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).

¹² "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).

¹³ "In addition to the criteria listed on the health assessment form, the evaluation shall inquire about and perform the following: ...

d. Reproductive history (number of pregnancies, number of live births, number of spontaneous/elective abortions, pregnancy complications, etc.).

f. History of breast and gynecological problems.

g. Family history of breast and gynecological problems?" See ICE NDS 2019, Standard, Medical Care, Section (II)(U)(1)(d)(f)(g).

¹⁴ "The monitoring shall consist of staggered checks at intervals not to exceed 15 minutes (e.g., every 5, 10, 7 minutes) and be documented." See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(F).

ODO with the uniform corrective action plan for ODO's last inspection of SCJ on June 21, 2021.

Compliance Inspection Results Compared	FY 2021 (NDS 2019)	FY 2022 (NDS 2019)
Standards Reviewed	12	19
Deficient Standards	5	5
Overall Number of Deficiencies	12	7
Repeat Deficiencies	3	1
Areas of Concern	1	0
Corrective Actions	2	0
Facility Rating	N/A	Superior