

# Office of Professional Responsibility

## Freeborn County Adult Detention Center Inspection (2024-005-413)

September 27, 2024



U.S. Immigration  
and Customs  
Enforcement



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

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**Office of Detention Oversight  
Unannounced Follow-Up  
Compliance Inspection  
2024-005-413**

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

**Freeborn County Adult Detention Center  
Albert Lea, Minnesota**

**August 6-8, 2024**

**UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION**  
**of the**  
**FREEBORN COUNTY ADULT DETENTION CENTER**  
Albert Lea, Minnesota

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**UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION  
TEAM MEMBERS**



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

## FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted an unannounced follow-up compliance inspection of the Freeborn County Adult Detention Center (FCADC) in Albert Lea, Minnesota, from August 6 to 8, 2024.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last inspection of FCADC from March 5 to 7, 2024. The facility opened in 2004 and is owned by Freeborn County and operated by the Freeborn County Sheriff’s Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at FCADC in 2009 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.

[REDACTED] A facility captain handles daily operations and manages [REDACTED] support personnel. Consolidated Correctional Food Services provides food services, Advanced Correctional Healthcare provides medical care, and Turnkey Corrections provides commissary services at the facility. In July 2022, FCADC was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA certified.

Capacity and Population Statistics	Quantity
ICE Bed Capacity <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of August 6, 2024)	[REDACTED]
Adult Female Population (as of August 6, 2024)	[REDACTED]

During its last rated inspection in Fiscal Year (FY) 2024, ODO found 2 deficiencies in the Medical Care standard.

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

<sup>2</sup> Data Source: ERO Custody Management Division Authorized Facility List as of August 5, 2024.

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

## UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more detainees, and where detainees are housed for longer than 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. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all over 72-hour ICE detention facilities with an ADP of 10 or more detainees that ODO conducted a full inspection of earlier in the FY.<sup>4</sup>

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.

In FY 2022, ODO began conducting unannounced inspections of ICE detention facilities, ensuring each facility subject to biannual inspections receives an unannounced inspection at least once every 3 years. 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 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.

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<sup>4</sup> ODO reviews the facility's compliance with selected standards in their entirety.

## FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected <sup>5,6,7</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
Use of Force and Restraints	0
Special Management Unit	0
Staff-Detainee Communication	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 4 - Care</b>	
Food Service	0
Hunger Strikes	1
Medical Care	4
Personal Hygiene	0
Significant Self-Harm and Suicide Prevention and Intervention	1
<b>Sub-Total</b>	<b>6</b>
<b>Part 5 - Activities</b>	
Recreation	0
Telephone Access	1
<b>Sub-Total</b>	<b>1</b>
<b>Part 6 - Justice</b>	
Grievance System	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>7</b>

<sup>5</sup> For greater detail on ODO's findings, see the *Unannounced Follow-Up Compliance Inspection Findings* section of this report.

<sup>6</sup> 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.

<sup>7</sup> 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.

## DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. ODO attempted to interview 64 additional detainees; however, they declined. All interviewed detainees reported satisfaction with facility services.

## UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

### CARE

#### HUNGER STRIKES (HS)

ODO reviewed training records of █ correctional officers (CO) and found in █ out of █ CO records, no initial hunger strike training (**Deficiency HS-1<sup>8</sup>**).

#### MEDICAL CARE (MC)

ODO reviewed training records of █ health care staff and found in █ out of █ radiological staff files, no professional licensure nor certification to perform required duties (**Deficiency MC-11<sup>9</sup>**). **This is a priority component.**

ODO reviewed the training records for █ COs and found in █ out of █ files, no documented cardiopulmonary resuscitation training (**Deficiency MC-57<sup>10</sup>**). **This is a priority component.**

ODO reviewed the facility's detainee handbook and found the handbook did not communicate to detainees the process to request and receive medical records according to facility policy (**Deficiency MC-102<sup>11</sup>**).

ODO reviewed the medical records of █ detainees referred to a mental health care provider and found in █ out of █ records, a mental health care provider did not evaluate detainees within 7 days of the referral. Specifically, a provider evaluated 2 detainees after 15 to 17 days from receipt of referral, and 1 detainee never received an evaluation (**Deficiency MC-127<sup>12</sup>**). **This is a priority**

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<sup>8</sup> "All staff shall be trained initially and annually thereafter to recognize the signs of a hunger strike, and to implement the procedures for referral for medical assessment and for management of a detainee on a hunger strike." See ICE NDS 2019, Standard, Hunger Strikes, Section (II)(A).

<sup>9</sup> "Health care staff shall have a valid professional licensure and/or certification for the jurisdiction in which they practice and will perform duties within the scope of their clinical license." See ICE NDS 2019, Standard, Medical Care, Section (II)(C).

<sup>10</sup> "The administration of first aid and cardiopulmonary resuscitation (CPR)." See ICE NDS 2019, Standard, Medical Care, Section (II)(K)(b).

<sup>11</sup> "Detainees and their representatives shall be allowed to request and receive medical records pursuant to facility policy, which shall be communicated to the detainee in the facility handbook." See ICE NDS 2019, Standard, Medical Care, Section (II)(P).

<sup>12</sup> "Any detainee referred for mental health treatment shall be triaged for any emergency needs and receive an evaluation by a qualified mental health provider no later than seven days after the referral." See ICE NDS 2019, Standard, Medical Care, Section (II)(S)(2).



component.

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

ODO reviewed the training records of █ medical staff and █ COs and found in █ out of █ CO records, no comprehensive suicide prevention training during orientation. Additionally, ODO found in 2 out of 25 CO records and in 1 out of 10 medical staff records, no annual refresher suicide prevention training (**Deficiency SSHSPI-2**<sup>13</sup>). **This is a priority component.**

## **ACTIVITIES**

### **TELEPHONE ACCESS (TA)**

ODO inspected the telephone banks in three housing units and found no notice posted at each monitored telephone explaining the procedure to make an unmonitored call (**Deficiency TA-41**<sup>14</sup>).

*Corrective Action:* During the inspection, ODO reviewed the facility’s updated notice as well as observed the facility post the updated notices by the telephones to include the procedures for unmonitored calls (**C-1**).

## **CONCLUSION**

During this inspection, ODO assessed the facility’s compliance with 16 standards under NDS 2019 and found the facility in compliance with 12 of those standards. ODO found seven deficiencies in the remaining four standards. Since FCADC’s last rated inspection in March 2024, the facility’s compliance with NDS 2019 has trended downward. FCADC went from 1 deficient standard and 2 deficiencies in March 2024 to 4 deficient standards and 7 deficiencies during this most recent inspection. The deficiencies included four priority component deficiencies. FCADC completed its UCAP for its last inspection in March 2024, which likely resolved the previous deficiencies ODO cited. ODO recommends ERO Saint Paul continue to work with the facility to resolve the remaining deficiencies in accordance with contractual obligations.

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<sup>13</sup> “All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training during orientation and refresher training at least annually thereafter.” *See* ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(B).

<sup>14</sup> “The facility shall also place a notice at each monitored telephone stating: ...

2. The procedure for obtaining an unmonitored call to a court, legal representative, or for the purposes of obtaining legal representation.”

*See* ICE NDS 2019, Standard, Telephone Access, Section (II)(K).

<b>Compliance Inspection Results Compared</b>	<b>FY 2024 Full Inspection (NDS 2019)</b>	<b>FY 2024 Follow-Up Inspection (NDS 2019)</b>
Standards Reviewed	21	16
Deficient Standards	1	4
Overall Number of Deficiencies	2	7
Priority Component Deficiencies	0	4
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	1
Facility Rating	Superior	N/A



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