

Office of Professional Responsibility

Kandiyohi County Jail Inspection 2024-002-436

August 27-29, 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

**Office of Detention Oversight
Follow-Up Compliance Inspection
2024-002-436**

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

**Kandiyohi County Jail
Wilmar, Minnesota**

August 27-29, 2024

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

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Senior Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections
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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 Kandiyohi County Jail (KCJ) in Wilmar, Minnesota, from August 27 to 29, 2024.¹ This inspection focused on the standards found deficient during ODO’s last inspection of KCJ from March 12 to 14, 2024. The facility opened in 2001 and is owned by Kandiyohi County and operated by Kandiyohi County Sheriff’s Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at KCJ in 2017 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 administrator handles daily operations and manages [REDACTED] support personnel. Skillet Kitchen provides food services, Advanced Correctional Healthcare provides medical care, and Turnkey Corrections provides commissary services at the facility. The facility does not hold any accreditations from any outside entities.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of August 27, 2024)	[REDACTED]
Adult Female Population (as of August 27, 2024)	[REDACTED]
Adult Transgender Population (as of August 27, 2024)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 14 deficiencies in the following areas: Environmental Health and Safety (1); Facility Security and Control (1); Medical Care (3); Post Orders (3); Sexual Abuse and Assault Prevention and Intervention (1); Significant Self-Harm and Suicide Prevention and Intervention (1); and Special Management Unit (4).

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

² Data Source: ERO Custody Management Division Authorized Facility List as of August 26, 2024.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts biannual 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. 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. Follow-up inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, and other standards ODO found deficient during the previous rated inspection to assess the facility's corrective actions taken to address those previously cited deficiencies.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.

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 the full and follow-up inspection 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	0
Sub-Total	0
Part 2 – Security	
Admission and Release	1
Custody Classification System	1
Facility Security and Control	0
Funds and Personal Property	0
Post Orders	0
Use of Force and Restraints	1
Special Management Units	1
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	4
Part 4 – Care	
Food Service	0
Hunger Strikes	0
Medical Care	4
Significant Self-Harm and Suicide Prevention and Intervention	1
Sub-Total	5
Part 5 – Activities	
Telephone Access	0
Sub-Total	0
Part 6 – Justice	
Grievance System	0
Sub-Total	0
Total Deficiencies	9

⁵ For greater detail on ODO’s findings, see the *Follow-up 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.

DETAINEE RELATIONS

ODO interviewed 16 detainees who voluntarily agreed to participate. Scheduled attorney and court proceedings limited ODO's ability to interview additional detainees. None of the detainees made any allegations of discrimination, mistreatment, or abuse. All 16 detainees reported satisfaction with facility services.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed [REDACTED] detainee detention files and found in [REDACTED] out of [REDACTED] files, the facility booking officer did not document property inventories (**Deficiency AR-11**⁷).

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed [REDACTED] detainee detention files and found in [REDACTED] out of [REDACTED] files, [REDACTED] detainee had not been reclassified since arriving at the facility on May 10, 2024, 109 days after arrival, exceeding KCJ's classification policy standard of 30-60 days for reclassifications (**Deficiency CCS-23**⁸).

USE OF FORCE AND RESTRAINTS (UOFR)

ODO interviewed a facility sergeant, reviewed two calculated UOFR files and their after-action reviews (AAR), and five immediate UOFR files and their AARs, and found staff completed and submitted four out of seven AARs between 7 and 8 working days following the incidents (**Deficiency UOFR-90**⁹).

SPECIAL MANAGEMENT UNIT (SMU)

ODO reviewed [REDACTED] SMU files for detainees housed in administrative segregation (AS) during the inspection period and found in [REDACTED] out of [REDACTED] files, supervisors did not conduct reviews within 72-hours of placing the detainees into AS to determine justification for continued segregation (**Deficiency SMU-22**¹⁰).

⁷ "Each facility shall institute procedures for inventory and receipt of detainee funds, valuables, and personal property in accordance with Standard 2.4 "Funds and Personal Property." See ICE NDS 2019, Standard, Admission and Release, Section (II)(C).

⁸ "All facility classification systems shall ensure that a detainee is reassessed and/or reclassified at regular intervals and upon the occurrence of relevant events." See ICE NDS 2019, Standard, Custody Classification System, Section (II)(F).

⁹ "The facility review team shall complete and submit its report to the facility administrator within five working days of the incident or the detainee's release from restraints." See ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(J)(5).

¹⁰ "A supervisor shall conduct a review within 72 hours of the detainee's placement in administrative segregation to determine whether segregation is still warranted." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(A)(3)(a).

CARE

MEDICAL CARE (MC)

ODO reviewed 6 months of daily temperature logs for the facility's pharmaceutical medical refrigerator, and found in 4 out of 6 months, temperatures exceeded the permitted range of 35-46 Fahrenheit (F) degrees a total of 10 times, reaching a high temperature of 47.5 F degrees (**Deficiency MC-10**¹¹).

ODO reviewed [REDACTED] medical files for detainees with prescribed psychotropic medications and found in [REDACTED] out of [REDACTED] files, no signed consent forms prior to the administration of the medications (**Deficiency MC-93**¹²). **This is a repeat deficiency and a priority component.**

ODO reviewed [REDACTED] medical summaries of released or removed detainees and found in [REDACTED] out of [REDACTED] summaries, no documented discharge of the detainee from suicide watch (**Deficiency MC-113**¹³).

ODO reviewed [REDACTED] medical files for female detainees and found in [REDACTED] out of [REDACTED] files, no completed pregnancy test during the initial health assessment (**Deficiency MC-138**¹⁴). **This is a repeat deficiency.**

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

ODO reviewed [REDACTED] medical files of detainees the facility placed on suicide watch and found in [REDACTED] out of [REDACTED] files, monitoring activities occasionally exceeded 15 minutes with monitoring times ranging from 18 to 273 minutes (**Deficiency SSHSPi-21**¹⁵). **This is a priority component.**

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 16 standards under NDS 2019 and found the facility in compliance with 10 of those standards. ODO found 9 deficiencies in the remaining 5 standards. Since KCJ's last full inspection in March 2024, the facility's compliance with the ICE NDS 2019 has improved. KCJ went from 7 deficient standards and 14 deficiencies

¹¹ "All pharmaceuticals will be stored in a temperature-controlled area to ensure no alteration in potency." See ICE NDS 2019, Standard, Medical Care, Section (II)(B).

¹² "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).

¹³ "The summary shall include, at a minimum, the following item current mental health status, including all significant health issues, and highlighting any potential unstable issues or conditions which require urgent follow-up." See ICE NDS 2019, Standard, Medical Care, Section (II)(Q)(3)(b)(1-4).

¹⁴ "In addition to the criteria listed on the health assessment form, the evaluation shall inquire about and perform the following: Pregnancy test for detainees aged 18-56 and deliver to the detainee and document the results." See ICE NDS 2019, Standard, Medical Care, Section (II)(U)(1)(a-h).

¹⁵ "The monitoring must be documented every 15 minutes or more frequently if necessary." See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(F).

in March 2024, to 5 deficient standards and 9 deficiencies during this most recent inspection. Although there have been improvements, KCJ did have three priority component deficiencies: two in MC, which were also repeat deficiencies, and one in SSHSPI. ODO received a completed UCAP for its last inspection of KCJ in March 2024 on September 30, 2024. ODO was not able to assess the effectiveness of that UCAP on this inspection but notes 12 out of 14 previously cited deficiencies appear to be resolved. ODO recommends ERO Saint Paul continue to work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2024 Full Inspection (NDS 2019)	FY 2024 Follow-Up Inspection (NDS 2019)
Standards Reviewed	24	16
Deficient Standards	7	5
Overall Number of Deficiencies	14	9
Priority Component Deficiencies	2	2
Repeat Deficiencies	2	2
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Acceptable/Adequate	N/A



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