

A. Type of Facility Reviewed

- ☐ ICE Service Processing Center
☐ ICE Contract Detention Facility
☒ ICE Intergovernmental Service Agreement

B. Current Inspection

Type of Inspection
☐ Field Office ☒ HQ Inspection

Date[s] of Facility Review
07/09/2019 - 07/11/2019

C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review
12/04/2018 - 12/06/2018

Previous Rating
☐ Superior ☐ Good ☒ Acceptable ☐ Deficient ☐ At-Risk

D. Name and Location of Facility

Name
Kandiyohi County Jail
Address (Street and Name)
2201 NE 23rd Street
City, State and Zip Code
Willmar, MN 56201
County
Kandiyohi
Name and Title of Chief Executive Officer (Warden/OIC/Supt.)
[Redacted]
Telephone # (Include Area Code)
[Redacted]
Field Office / Sub-Office (List Office with oversight responsibilities)
St. Paul, MN
Distance from Field Office
120 miles

E. ICE Information

Name of Inspector (Last Name, Title and Duty Station)
[Redacted] / **LCI / Safety SME / Nakamoto Group**
Name of Team Member / Title / Duty Location
[Redacted] / **Medical SME / Nakamoto Group**
Name of Team Member / Title / Duty Location
[Redacted] / **Detainee Rights SME / Nakamoto Group**
Name of Team Member / Title / Duty Location
[Redacted] / **Security SME / Nakamoto Group**
Name of Team Member / Title / Duty Location
[Redacted] / **Medical SME / Nakamoto Group**

F. CDF/IGSA Information Only

Contract Number
[Redacted] Date of Contract or IGSA
[Redacted]
Basic Rates per Man-Day
[Redacted]
Other Charges: (If None, Indicate N/A)
[Redacted]

Estimated Man-days Per Year:
[Redacted]

G. Accreditation Certificates

List all State or National Accreditation[s] received:

☒ Check box if facility has no accreditation[s]

H. Problems / Complaints (Copies must be attached)

The Facility is under Court Order or Class Action Finding
☐ Court Order ☐ Class Action Order

The Facility has Significant Litigation Pending
☐ Major Litigation ☐ Life/Safety Issues

☒ Check if None.

I. Facility History

Date Built
[Redacted]
Date Last Remodeled or Upgraded
[Redacted]
Date New Construction / Bed space Added
[Redacted]
Future Construction Planned
☒ [Redacted] ☐ [Redacted] Date: [Redacted]
Current Bed space
[Redacted] Future Bed space (# New Beds only)
Number: [Redacted] Date: [Redacted]

J. Total Facility Population

Total Facility Intake for previous 12 months
[Redacted]

Total ICE Man-days for Previous 12 months
[Redacted]

K. Classification Level (ICE SPCs and CDFs Only)

	L-1	L-2	L-3
Adult Male	N/A	N/A	N/A
Adult Female	N/A	N/A	N/A

L. Facility Capacity

	Rated	Operational	Emergency
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
<input type="checkbox"/> [Redacted]			

M. Average Daily Population

	ICE	USMS	Other
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]

N. Facility Staffing Level

Security: [Redacted] Support: [Redacted]

Significant Incident Summary Worksheet

For Nakamoto to complete its review of your facility, the following information must be completed prior to the scheduled review dates. The information on this form should contain data for the past twelve months in the boxes provided. The information on this form is used in conjunction with the ICE Detention Standards in assessing your Detention Operations against the needs of the ICE and its detained population. This form should be filled out by the facility prior to the start of any inspection. Failure to complete this section will result in a delay in processing this report and the possible reduction or removal of ICE detainees at your facility.

<i>Incidents</i>	<i>Description</i>	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault: Offenders on Offenders ¹	Types (Sexual ² , Physical, etc.)	2-P	2-P	N/A	3-P
	With Weapon	0	0	N/A	0
	Without Weapon	2	2	N/A	3
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	1-P	2-P	N/A	1-P
	With Weapon	0	0	N/A	0
	Without Weapon	1	2	N/A	1
Number of Forced Moves, incl. Forced Cell moves ³		2	1	N/A	1
Disturbances ⁴		0	0	N/A	0
Number of Times Chemical Agents Used		1	2	N/A	1
Number of Times Special Reaction Team Deployed/Used		0	0	N/A	0
# Times Four/Five Point Restraints applied/used	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	3-V	2-V	N/A	1-V
	Type (C=Chair, B=Bed, BB=Board, O=Other)	C	C	N/A	C
Offender / Detainee Medical Referrals as a result of injuries sustained.		0	0	N/A	0
Escapes	Attempted	0	0	N/A	0
	Actual	0	0	N/A	0
Grievances:	# Received	63	35	N/A	7
	# Resolved in favor of Offender/Detainee	1	4	N/A	1
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	0	0	N/A	0
	Number	0	0	N/A	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	31	55	N/A	20
	# Psychiatric Cases referred for Outside Care	16	7	N/A	14

¹ Any attempted physical contact or physical contact that involves two or more offenders

² Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consenting or non-consenting

³ Routine transportation of detainees/offenders is not considered "forced"

⁴ Any incident that involves four or more detainees/offenders, includes gang fights, organized multiple hunger strikes, work stoppages, hostage situations, major fires, or other large scale incidents.

DHS/ICE Detention Standards Review Summary Report					
1. Acceptable	2. Deficient	3. At Risk	4. Repeat Finding	5. Not Applicable	
Legal Access Standards					1. 2. 3. 4. 5.
1. Access to Legal Materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Group Presentations on Legal Rights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Visitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Telephone Access	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Detainee Services					
5. Admission and Release	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Classification System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Correspondence and Other Mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Detainee Handbook	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Food Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Funds and Personal Property	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Detainee Grievance Procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Issuance and Exchange of Clothing, Bedding, and Towels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Marriage Requests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Non-Medical Emergency Escorted Trip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Religious Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Voluntary Work Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Services					
18. Hunger Strikes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Suicide Prevention and Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Terminal Illness, Advanced Directives and Death	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Security and Control					
22. Contraband	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Detention Files	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Disciplinary Policy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Emergency Plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Environmental Health and Safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Hold Rooms in Detention Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Key and Lock Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Population Counts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Post Orders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Security Inspections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Special Management Units (Administrative Segregation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Special Management Units (Disciplinary Segregation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34. Tool Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35. Transportation (Land management)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Use of Force	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37. Staff / Detainee Communication (Added August 2003)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38. Detainee Transfer (Added September 2004)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

All findings (Deficient and At-Risk) require written comment describing the finding and what is necessary to meet compliance.

LCI Review Assurance Statement

By signing below, the Lead Compliance Inspector (LCI) certifies that all findings of noncompliance with policy or inadequate controls contained in the Inspection Report are supported by evidence that is sufficient and reliable. Furthermore, findings of noteworthy accomplishments are supported by sufficient and reliable evidence. Within the scope of the review, the facility is operating in accordance with applicable law and policy, and property and resources are efficiently used and adequately safeguarded, except for the deficiencies noted in the report.

Lead Compliance Inspector: (Print Name) [REDACTED]	Signature [REDACTED]
Title & Duty Location Lead Compliance Inspector/Safety SME, The Nakamoto Group, Inc.	Date 07/11/2019

Team Members	
Print Name, Title, & Duty Location [REDACTED], Detainee Rights SME, The Nakamoto Group, Inc.	Print Name, Title, & Duty Location [REDACTED], Medical SME, The Nakamoto Group, Inc.
Print Name, Title, & Duty Location [REDACTED], Security SME, The Nakamoto Group, Inc.	Print Name, Title, & Duty Location [REDACTED], Medical SME, The Nakamoto Group, Inc.

Recommended Rating:

- ☐ Superior
☐ Good
☒ Acceptable
☐ Deficient
☐ At-Risk

Comments: The Sexual Abuse and Assault Prevention and Intervention Standard was inspected during this inspection, but is not referenced in the Detention Standards Review Summary Report. The standard was rated as Meets Standard for this inspection.

The Significant Incident Summary Worksheet represents data on all jail detainees, not just ICE detainees. The third calendar quarter column is marked N/A because the facility measurement period was from September 2018.

There were no serious suicide attempts, deaths, escapes, hunger strikes, or sexual assault allegations involving ICE detainees during this inspection period. ICE detainees are not charged a medical co-pay.

There was one immediate use of force reported during this inspection period. The incident involved two detainees who were in a physical altercation and ignored the officer's order to stop fighting. The officer deployed Oleoresin Capsicum (OC)/pepper spray to stop the fight; gain control; and handcuff the detainees. No injuries occurred. Medical attention was immediate. An after-action review was conducted and the use of force used was found to be appropriate. The use-of-force packet was reviewed by this inspector and found to meet the requirements of this standard.

The facility has Tasers. Policy does not prohibit their use on ICE detainees. The facility does have and uses a restraint chair. Four/five-point restraints are not used at the facility. The facility does not have or use a canine unit. The only chemical agent approved for use is Oleoresin Capsicum (OC)/pepper spray. The facility does not use or train staff in the use of unsafe types of restraint.