



Facility Inspection Report Issued By The Minnesota Department of Corrections Pursuant to MN Statute 241.021, Subdivision 1

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INSPECTION DETAILS FOR:

Cook County Jail

Address: 143 Gunflint Trail, Grand Marais, MN 55604

MN Governing Rule: 2911 Local Adult Detention Facilities

Inspection Type: Annual **Inspected By:** Jen Pfeifer – Senior Detention Facility Inspector **Inspected on:** 10/13/2022

Inspection Method: Facility tour, staff interviews, employee and resident file reviews, video footage review and related documentation reviews.

Officials Present During Inspection: Jail Administrator Gary Fagerman

Officials Present for Exit Interview: Jail Administrator Gary Fagerman

Issued Inspection Report to: Jail Administrator Gary Fagerman; Sheriff Pat Eliasen; County Administrator James Joerke; Regional Manager Jacob McLellan

RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance	Total Compliance With Concerns	Compliance Rating	Substantial Compliance Result/Criteria
2911	Mandatory	126	108	13	5	89.68%	Compliance rating of 100%
2911	Essential	92	82	8	2	91.30%	Compliance rating of 90%

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 12/01/2022 **Ends On:** 11/30/2023 **Facility Type:** 72 Hour Holding
Placed on Biennial Status: No **Biennial Status Annual Compliance Form Due On:**
Delinquent Juvenile Hold Approval: 24 hrs exclusive of weekends and holidays **Certificate Holder:** Cook County Sheriff's Department
Special Conditions: Will make a 6 month follow up meeting to ensure completion of required elements.

Approved Capacity Details *Operational Capacity is calculated as a percent of Approved Capacity beds.

Bed Type	Gender	Approved Capacity	%Operating Capacity	Operational Capacity	Bed Details	Conditions
Secure	Coed	15	35	5.25	None. 9/21/2001 -original date 11/05/2001	10/15/22-reduction in capacity as they do not have the required number of staff to hold more than 5 inmates.

RULE COMPLIANCE DETAILS

Chapter 2911 - Mandatory Rules Not In Compliance**Total: 13****1. 2911.1350 MEDICAL TRAINING FOR CUSTODY STAFF.**

By policy and procedure a training program shall be established by the facility administrator in cooperation with the health authority, that provides instruction in the following areas: A. first aid training for custody personnel responsible for the supervision, safety, and well-being of prisoners; B. recognition of signs and symptoms of illness and knowledge of action required in potential emergency situations; C. administration of first aid and cardiopulmonary resuscitation (CPR). Recertification training shall occur as required with respect to first aid and CPR. The training shall be documented; D. methods of obtaining assistance; E. recognition of signs and symptoms of mental illness, developmental disabilities, emotional disturbance, and chemical dependency; and F. procedures for inmate transfers to appropriate medical facilities or other health care providers.

Inspection Findings:

Staff are not receiving the little or no medical training. Policy requires that the jailer/dispatch recognize signs of depression, manic behaviors, paranoid thoughts, and withdrawal symptoms, however there is no training in place to assist them in completing these tasks.

Corrective Actions:

Ensure that all staff receive the required medical training as outlined in the rule. It is imperative that staff receive training in the areas of mental health, recognizing signs and symptoms of withdrawal, and vulnerable inmates.

Provide all staff responsible for the jail with the required medical training by April 30, 2023.

Response Needed By: 04/30/2023**2. 2911.1900 POLICY AND PROCEDURE MANUALS.**

A facility shall have a written policy and procedure manual that is electronically available to staff and relevant regulatory authorities and defines the philosophy and method for operating and maintaining the facility. This manual shall be made available to all employees, reviewed annually, updated as needed, and staff trained accordingly. The manual shall include, at a minimum, the following chapters: A. correctional standards required under this chapter; B. administration and organization; C. fiscal management; D. personnel; E. training; F. inmate records; G. safety and emergency; H. security and control; I. sanitation and hygiene; J. food service; K. medical and health care services; L. inmate rules and discipline; M. communication, mail, and visiting; N. admissions, orientation, classification, property control, and release; O. inmate activities, programs, and services; and P. a written suicide prevention and intervention plan. The facility administrator or designee shall review policy and procedure manuals at least once each year. The review shall be documented in written form sufficient to indicate that policies and procedures have been reviewed and amended as appropriate to facility changes.

Inspection Findings:

The policy and procedure manual shall be updated to reflect current practice. The manual must also include all the new required statutes as of August 2021. This was noted in the last inspection.

Corrective Actions:

Update policy and procedure manual to reflect the new required elements for County Jails. Submit to the Department of Corrections by 12/31/2022.

Response Needed By: 04/30/2023**3. 2911.2525 ADMISSIONS. Subpart 1. Policies and procedures.**

A facility shall have written policies and procedures for processing new inmates to the facility to include, at a minimum, the following: A. obtaining and documenting available emergency medical information within two hours of admission; B. verification of court commitment papers or other legal documentation of detention. Verification shall include checking the date of admission, duration of confinement, and specific charges; C. a search of the inmate and the inmate's possessions; D. inventory and storage of the inmate's personal property; E. initial medical screening to include an assessment of the inmate's health status, including any medical or mental health needs; F. telephone calls made by the inmate during the booking and admission process and prior to assignment to other housing areas; G. shower and hair cleansing; H. issue of bedding, clothing, and personal hygiene items according to the rule requirements applicable to the anticipated length of stay of the inmate; I. photographing and fingerprinting including notation of identifying marks or unusual characteristics such as birthmarks or tattoos; J. interviewing to obtain the following identifying data: (1) name and aliases of person; (2) current address, or last known address; (3) health insurance information; (4) gender; (5) age; (6) date of birth; (7) place of birth; (8) race; (9) present or last place of employment; (10) emergency contact including name, relation, address, and telephone number; and (11) additional information concerning special custody requirements or special needs; K. initial classification of the inmate and assignment to a housing unit; L. an assigned booking number; and M. Social Security number, driver's license number, or state identification number, if available.

Inspection Findings:

Policy does not reflect all of the elements in the rule.

Corrective Actions:

Update policy to reflect what is required in the rule.

Response Needed By: 12/31/2022

4. 2911.2525 ADMISSIONS. Subpart 3. Orientation to rules and services.

A facility shall develop a written policy and procedure that provides: A. a method for all newly admitted inmates to receive orientation information in a manner the inmates can understand; and B. documentation by a statement that is signed and dated by the inmate that the inmate completed orientation.

Inspection Findings:

Orientation is not documented.

Corrective Actions:

Create an orientation process for inmates, provide orientation and have the inmate sign that they have received the information at intake.

Response Needed By: 04/30/2023

5. 2911.3700 EMERGENCIES AND UNUSUAL OCCURRENCES. Subpart 1. Emergency plan.

A facility shall have a written disaster plan. The plan shall include policies and procedures designed to protect the public by securely detaining inmates who represent a danger to the community or to themselves when the facility must be evacuated in total. The plan shall also include: A. location of alarms and fire fighting equipment; B. an emergency drill policy as follows: (1) at least annual drills at all facility locations; and (2) drills shall be conducted even when evacuation of extremely dangerous inmates may not be included; C. specific assignments and tasks for personnel; D. persons and emergency departments to be notified; E. procedure for evacuation of inmates; and F. arrangements for temporary confinement of inmates.

Inspection Findings:

Drills are not being completed as required.

Corrective Actions:

It is imperative that the facility complete emergency drills on a yearly basis. Staff should be completing fire drills, severe weather drills, dispatch related emergencies as they relate to the jail and cut down drills. Complete emergency drills and submit to the Department of Corrections by April 30, 2023.

Response Needed By: 04/30/2023

6. 2911.5000 POST ORDERS; FORMAL INMATE COUNT; WELL-BEING CHECKS. Subpart 4. Counting.

A facility shall have a written policy describing the system of counting inmates. Formal counts shall be completed with an official entry made in the daily log at least once each eight hours. The facility shall maintain a system that identifies the whereabouts of all inmates in custody and includes a system of accountability for inmates approved for temporary absences from their assigned housing units. A written policy and procedure shall provide that staff regulate inmate movement.

Inspection Findings:

Formal Count times are not reflected in policy and not completed 3 times per day.

Corrective Actions:

Established specified formal counts and indicate that in the daily logs. This procedure shall be added to policy.

Response Needed By: 12/31/2022

7. 2911.5000 POST ORDERS; FORMAL INMATE COUNT; WELL-BEING CHECKS. Subpart 5. Well-being.

A facility shall have a system providing for well-being checks of inmates. A written policy and procedure shall provide that all inmates are personally observed by a custody staff person at least once every 30 minutes. Thirty-minute checks should be staggered. If a well-being check does not occur due to an emergency, it must be documented in the jail log and have supervisory review and approval. More frequent observation is required for those inmates of a special need classification who may be harmful to themselves. Examples of inmates of a special need classification include those classified as potentially suicidal, or as mentally ill, or those experiencing withdrawal from drugs or alcohol.

Inspection Findings:

Well-being checks were found to be out of compliance on the overnight shift.
The staff did not check on a cell occupied by inmate for an entire shift.

Corrective Actions:

The facility shall provide well-being check training to all staff. This training shall be documented and submitted to the Department of Corrections by 12/31/2022. It is highly recommended that the facility creates a regular system of auditing well-being checks to determine compliance with the rule.

Response Needed By: 12/31/2022

8. 2911.5800 AVAILABILITY OF MEDICAL AND DENTAL RESOURCES. Subpart 3. Health care policy review.

Facility policy shall ensure that each policy, procedure, and program in the health care delivery system is reviewed and documented at least annually under the direction of the health authority and revised as necessary.

Inspection Findings:

The medical policies are signed however they do not include many of the elements required in the rule.

Corrective Actions:

Ensure that the medical authority has reviewed all medical policies and that those policies are consistent with the requirements under the rule and the requirements under state statute.

Response Needed By: 12/31/2022

9. 2911.5800 AVAILABILITY OF MEDICAL AND DENTAL RESOURCES. Subpart 6. Medical screening.

A facility shall have a written policy and procedure that requires medical screening is performed and recorded by trained staff on all inmates on admission to the facility. The findings are to be recorded in a manner approved by the health authority. The screening process shall include procedures relating to: A. Inquiry into: (1) current illness and health problems, including dental emergencies, and other infectious diseases; (2) medication taken and special health requirements; (3) use of alcohol and other drugs that include types of drugs used, mode of use, amounts used, frequency used, date or time of last use, and history of problems that may have occurred after ceasing use, for example, convulsions; (4) past and present treatment or hospitalization for mental illness or attempted suicide; (5) other health problems designated by the health authority; and (6) signs and symptoms of active tuberculosis to include weight loss, night sweats, persistent cough lasting three weeks or longer, coughing up blood, low grade fever, fatigue, chest pain, prior history of active tuberculosis disease, and results of previous tuberculin skin or blood testing. B. Observations of: (1) behavior that includes state of consciousness, mental status, appearance, conduct, tremor, and sweating; and (2) body deformities, trauma markings, body piercings, bruises, lesions, and jaundice. C. Disposition to: (1) general population; (2) general population and referral to appropriate health care service; (3) referral to appropriate health care service on an emergency basis; and (4) other.

Inspection Findings:

Although the medical screening is being completed at intake, it does not include all of the elements in the rule. It is also not reviewed by the medical authority to determine those inmates that present as chronic.

Corrective Actions:

It is imperative that the medical authority review the medical screens on a regular basis. Ensure that all elements in the rule are added to the screen. It is imperative that sufficient information is gathered at the time of intake to determine whether further action is needed at the time of booking.

Response Needed By: 12/31/2022

10. 2911.6200 MEDICAL AND DENTAL RECORDS. Subpart 2. Data practices.

The medical record file shall be maintained separately and according to the Minnesota Government Data Practices Act, Minnesota Statutes, chapter 13.

Inspection Findings:

Medical information was found in jail files.

Corrective Actions:

Essure that all medical information is stored only in medical files.

Response Needed By: 12/31/2022

11. 2911.6500 STORAGE. Subpart 2. Refrigeration.

Medication requiring refrigeration shall be refrigerated and secured and the temperature checked daily. There must be separate refrigeration for medications only.

Inspection Findings:

There is no temperature being taken of the medication refrigerator.

Corrective Actions:

Create a form so that temperatures can be taken and documented daily.

Response Needed By: 12/31/2022

12. 2911.6600 DELIVERY. Subpart 2. Training.

Only persons who have received training appropriate to this assignment may deliver medication.

Inspection Findings:

Staff have not all received medication delivery training.

Corrective Actions:

In conjunction with the health authority ensure that all staff receive medication delivery training and submit to the Department of Corrections.

Response Needed By: 01/31/2023

13. 2911.6600 DELIVERY. Subpart 4. Documentation.

Initial and refresher training must be documented.

Inspection Findings:

Training has not been documented.

Corrective Actions:

Ensure that all staff have the required training and document in the staff's training record.

Response Needed By: 01/31/2023

Chapter 2911 - Essential Rules Not In Compliance**Total: 8**

1. 2911.0700 EMPLOYEE EVALUATION.

Consistent with Minnesota Statutes, an employee shall complete a probationary period and be evaluated during the probationary period before being permanently appointed. The evaluation shall be in writing, discussed with the employee, and made a part of the employee's personnel record.

Inspection Findings:

There are no evaluations completed prior to someone being permanently assigned.

Corrective Actions:

The facility must complete an evaluation after the probationary period is complete and prior to them being permanently assigned.

Response Needed By:

2. 2911.0900 STAFFING REQUIREMENTS. Subpart 14. Backup resource assistance.

In facilities that use the dispatcher or custody position as sole supervision, policy and procedures shall be implemented that assure a reasonable level of security and backup resource assistance for the dispatcher or custody person in circumstances that require emergency response assistance. The DOC shall review and approve the policy and procedures.

Inspection Findings:

Back-up on the overnight hours is limited and at times there is no deputy on at all. It is possible that the sole deputy on could be an hour out in the county at any given time.

Corrective Actions:

Policy and Procedure shall reflect a reasonable level of security and back-up for emergency response. The current policy is not sufficient. Submit plan to the Department of Corrections by April 30, 2023.

Response Needed By: 04/30/2023

3. 2911.1300 CUSTODY STAFF TRAINING.

A facility shall have a written policy and procedure that provides that all custody staff receive 120 hours of orientation and training during the first year of employment. Forty of these hours are completed prior to being independently assigned to a particular post. All persons in this category are given an additional 16 hours of training each subsequent year. At a minimum, training completed before independent assignment to a particular post shall include: A. security procedures; B. supervision of inmates; C. signs of suicide risk and suicide precautions; D. vulnerable inmates; E. response to resistance regulations and tactics; F. report writing; G. inmate rules and regulations; H. rights and responsibilities of inmates; I. fire and emergency procedures; J. key control; K. interpersonal relations and communication skills; L. diversity training; M. distribution of medications; N. right to know; and O. blood-borne pathogens and communicable diseases.

Inspection Findings:

Training documentation does not reflect the requirements in the rule. Much of the training is specific to dispatch requirements and the Chapter 2911 rules.

Corrective Actions:

Ensure that all training requirements are outlined in the rule. Dispatch/jailers must receive orientation training and the specified requirements prior to being independently assigned.

Response Needed By: 04/30/2023

4. 2911.1400 ADMINISTRATIVE AND MANAGERIAL STAFF TRAINING.

A facility shall have a written policy and procedure that provides that the facility's administrative and managerial staff receive at least 16 hours of orientation. Orientation training shall include, at a minimum, general management and related subjects, data practices, decision-making processes, labor law, employee-management relations, the interaction of elements of the criminal justice system, and relationships with other service agencies. After orientation, a facility's administrative and managerial staff shall receive at least 16 hours of training annually.

Inspection Findings:

There is no policy that requires the number of training hours for managerial staff.

Corrective Actions:

Create policy that includes all elements in the rule. Submit to the Department of Corrections for review.

Response Needed By: 04/30/2023

5. 2911.2700 INFORMATION TO INMATES. Subpart 1. Information made available to inmates.

Copies of policies and rules governing conduct and disciplinary consequences; procedures for obtaining personal hygiene and commissary items; and policies governing visiting, correspondence, bathing, laundry, and clothing and bedding exchange shall be made available to all inmates. Information will be made available to disabled inmates including those that are hearing impaired, visually impaired, or unable to speak in a form that is accessible to them. Information required under this subpart shall be available in English. There shall be procedures in place to address the language barriers of non-English-speaking inmates. Policy and procedures shall ensure, to the extent practical, that inmates who are unable to speak English are provided with the information outlined in this part within 24 hours of admission to the facility in a form that is accessible to the inmate.

Inspection Findings:

Policy does not indicate specifically how inmates who are non-English speaking or hard of hearing will be provided information.

Corrective Actions:

Include policy and procedure as to how specific information will be provided to inmates who are non-English speaking and hard of hearing. Submit policy to the Department of Corrections for approval.

Response Needed By: 04/30/2023

6. 2911.4300 RELIGIOUS DIETS.

A facility shall have a written policy and procedure that provides for special diets or meal accommodations for inmates whose religious beliefs require adherence to religious dietary laws. Creation of religious diets shall involve a dietitian and strive to meet the nutritional guidelines under part 2911.3900.

Inspection Findings:

There is no policy to address required religious diets.

Corrective Actions:

Add all elements of the rule into policy to include specifics as to how the facility will adhere to the requirement of religious dietary laws.

Response Needed By: 04/30/2023

7. 2911.5800 AVAILABILITY OF MEDICAL AND DENTAL RESOURCES. Subpart 5. Health care liaison.

In a facility without full-time qualified health care personnel, a designated health-trained staff member may act as liaison to coordinate the health care delivery in the facility under the direction of the health authority.

Inspection Findings:

There is only one staff on for the overnight shift. The staff are not receiving the required medical training to be a qualified health trained staff.

Corrective Actions:

Ensure that all staff are receiving the required medical training outlined in the rule.

Response Needed By: 12/31/2022

8. 2911.5800 AVAILABILITY OF MEDICAL AND DENTAL RESOURCES. Subpart 7. Health care follow-up.

A facility shall develop written policy and procedures that require that an inmate who presents with a chronic or persistent medical condition be provided with a health care follow-up.

Inspection Findings:

There is no policy that requires an inmate who presents as chronic or persistent medical condition is provided health care follow up. Jailer/Dispatchers are not medically trained to determine who is need of follow up.

Corrective Actions:

The facility shall consult with the medical authority to determine how an inmate in this category will be assessed for a follow-up and policy shall be developed to reflect updated procedures.

Response Needed By: 12/31/2022

Chapter 2911 - Mandatory Rules In Compliance With Concerns

Total: 5

1. 2911.2550 RELEASES. Subpart 3. Release in severe weather.

An inmate shall not be released in severe weather in a manner to endanger the inmate's health, safety, or well-being.

Inspection Findings:

The current policy states that inmate will be given the appropriate clothing for inclement weather, but does not indicate that inmates will not be released in severe weather that might endanger the inmate's life.

Corrective Actions:

Add this element to policy and submit to the Department of Corrections by 4/30/2023.

Response Needed By:

2. 2911.2600 CLASSIFICATION OF INMATES. Subpart 1. Policy and procedure.

A facility shall have a written policy and procedure that provides for inmate classification in terms of level of custody required, housing assignment, participation in facility programs, and use of any overrides. The facility's policy and procedure on classification shall include consideration of the following: A. inmate gender; B. juvenile or adult status; C. category of offense; D. severity of current charges, convictions, or both; E. degree of escape risk; F. potential risk of safety to others and self; G. institutional disciplinary history; H. serious offense history; I. special needs assessment, inclusive of vulnerable adults, which includes a determination of how medical needs, mental health needs, developmental disability, or other behavioral or physical limitations or disabilities may impact on the classification of an inmate and appropriate housing of same; and J. special management inmate status.

Inspection Findings:

Current policy needs to be expanded to include all elements listed in this rule part.

Corrective Actions:

Revise policy and procedure to include all elements of this standard.

Response Needed By:

3. 2911.5300 SEARCHES, SHAKEDOWNS, AND CONTRABAND CONTROL. Subpart 2. Body searches.

A facility shall have a written policy and procedure that provides for pat, strip, and body cavity searches in accordance with law.

Inspection Findings:

Inmate searches are done on camera in the work release hallway.
2018 new procedure has been used so that privacy is not an issue.

Corrective Actions:

Inmates requiring a search or in need of changing clothes prior to entering the jail shall do so in an area that allows for privacy.

A different procedure shall be implemented to allow for privacy during these searches. Revise policy to reflect these changes.

Response Needed By:

4. 2911.5550 LOCKS AND KEYS. Subpart 3. Regular testing.

Locks to security doors or gates shall be tested for proper function at least weekly to ensure proper operation.

Inspection Findings:

This is done daily however, documentation of each lock and whether it was tested manually or electronically is not indicated.

Corrective Actions:

It is recommended that each lock tested be listed and that each lock be listed as being tested both manually and electronically. All perimeter locks shall be tested and included as well.

Response Needed By:

5. 2911.5550 LOCKS AND KEYS. Subpart 4. Inoperable locks.

A lock to a security door or gate shall not be inoperable or left in a nonworking condition. An inmate shall not be secured in a cell or area that has inoperable locks.

Inspection Findings:

Records of lock inspections do not show they are completed weekly.

Corrective Actions:

Ensure all security door locks are checked and documented weekly. It is also recommended that these lock checks include both manual and electronic operation.

Response Needed By:**Chapter 2911 - Essential Rules In Compliance With Concerns****Total: 2**

1. 2911.4900 SECURITY INSPECTION.

The facility shall have a written policy and procedure to require the facility administrator or designee to inspect all areas within the security perimeter, and equipment at least monthly and initiate corrective action if needed.

Inspection Findings:

Some elements of these inspections are being captured on weekly inspections. However, a policy and missing elements were found to not be included.

Corrective Actions:

Develop and implement a policy to address this standard.

Ensure that all elements of security electronics, perimeter security and security equipment are inspected and documented at least monthly.

Response Needed By:

2. 2911.7300 FIRE INSPECTION. Subpart 4. Weekly inspection.

There shall be an applicable fire code and safety inspection of the facility at least weekly by a designated staff member.

Inspection Findings:

Weekly fire, sanitation, and lock check inspections are entered as "safety." There is a need to expand the current policy and attach checklist(s).

Corrective Actions:

Expand policies and develop a system to ensure proper documentation.

Response Needed By:

INSPECTION COMMENTS

Operations: Although one staff member handling both dispatch and jail duties is allowed by the rule it is not the safest way to operate the facility.

In the event of an emergency, jailer/dispatchers can only respond with a call for assistance from the road. There are times when a deputy could be an hour away from the jail or there may not be one available at all during certain hours. During normal business hours, the Jail Administrator is available to respond to incidents. In the absence of the Administrator, emergency response is delayed, contraband checks are not completed per the rule, and security is compromised. It is recommended that additional staffing be considered during hours and days when immediate assistance is not available in the building.

Chapter 2911.0900 Subp. 12. Assistance for dispatcher or custody staff person.

"In a facility that uses the dispatcher or custody position as sole supervision, the dispatcher or custody staff person must be assisted on duty by another custody staff person when the facility's inmate population exceeds five."

Because the current staffing levels of the jail do not exceed the (1) jailer/dispatcher position, the jail's operational capacity will be reduced to 35% to allow the facility to hold no more than 5 inmates in custody at one time. If the county increases the staffing complement, the Department of Corrections will review the capacity allowances again at that time.

Required training elements are not being completed. Specified orientation training is not being completed prior to a jailer/dispatcher being independently assigned. Documented training focuses on dispatch and not the requirements for correctional staff.

Well-being checks: While reviewing video documentation of well-being checks, it was noted that on the overnight shift of 9/25/2022 the staff missed one cell for the entire shift. It was documented that the cell was occupied during this time. This was discussed in detail at the time of the inspection.

Hardel Sherrell Act:

There is no policy or procedure in place for the use of the ROI at intake.

There is no policy as required for death reviews or reporting deaths to the Department of Corrections within 24 hours.

There is no policy on the new duty to report requirements.

There is no policy that addresses the prone restraint.

Medical: Although the medical policies have been signed, there is little or no oversight by the medical authority. There is no health trained staff reviewing medical or mental health screens. The jailer/dispatchers are required to make the decision for medical care. The required mental health screen has been added to the facility's JMS system; however, it has altered and is not scored as the tool was intended.

The medical policies indicate that a member of the jail administration team can remove someone from suicide precautions. This may only be done by a mental health professional or doctor and should be reflected in policy.

There is no policy that reflects the requirements of pregnant females as it relates to statute 241.88-89.

Physical Plant: The facility was found to be clean and well maintained.

DOC will follow-up with a site visit to the facility within 6 months of receipt of this report to ensure compliance with deficiencies noted in the report.

The facility will remain on annual inspections.

JJDPA Compliance

On October 13,2022, a Juvenile Justice and Delinquency Prevention Act audit was conducted. The Cook County Jail has received a "Rural Exception" to the Juvenile Justice and Delinquency Prevention Act (JJDP). This allows the facility to hold a delinquent juvenile up to 24 hours, excluding weekends and holiday.

There are three core requirements that are looked at during our facility review. Those core requirements are Deinstitutionalization of Status Offenders (DSO), Removal of Juveniles for Adult Jail and Adult Lockups (Jail Removal), and Sight and Sound separation.

The Cook County Jail held or processed zero (0) juveniles between October 1, 2022 and the date of inspection.

The facility does not participate in any "Scared Straight" programs for any youth that are under public authority.

No violations of the JJDP act were found as a part of this inspection.

Report completed By: Jen Pfeifer – Senior Detention Facility Inspector

Signature: 