



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:** 10/19/2021

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 | 120 | 4 | 2 | 96.83% | Compliance rating of 100% |
| 2911 | Essential | 94 | 91 | 3 | 0 | 96.81% | Compliance rating of 90% |

TERMS OF OPERATION

Authority to Operate: conditional approval **Begins On:** 12/01/2021 **Ends On:** 11/30/2022 **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: None.

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 | 80 | 12.00 | None. | None. |

RULE COMPLIANCE DETAILS

Chapter 2911 - Mandatory Rules Not In Compliance

Total: 4

- 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 required medical training.

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.

Response Needed By: 05/31/2022

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 is in needs to be updated to reflect current practice. The manual must also include all the new required statues as of July 2021.

Corrective Actions:

Update policy and procedure manual to reflect the new required elements for County Jail. Submit to the Department of Corrections by May 31, 2022. Those elements that were required by August 1, 2021 shall be submitted to the Department of Corrections by December 31, 2021.

Response Needed By: 05/31/2022

3. 2911.5300 SEARCHES, SHAKEDOWNS, AND CONTRABAND CONTROL. Subpart 4. Daily inspections.

A facility shall be inspected at least daily for contraband, evidence of breaches in security, and inoperable security equipment, and shall document the inspection.

Inspection Findings:

The Jail Administrator does the daily checks when he is there. In the Administrator's absence, checks are inconsistent.

Corrective Actions:

Develop a plan to ensure the facility has daily inspections for contraband and security breaches. See notes in summary.

Response Needed By: 12/31/2021

4. 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 have not been reviewed or signed off by the medical authority.

Corrective Actions:

Ensure that the medical authority has reviewed all medical policies and signs off on those annually.

Response Needed By: 12/31/2021

Chapter 2911 - Essential Rules Not In Compliance**Total: 3**

1. 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:

There was little documentation of training. Training should be relevant to staff duties and the supervision of inmates.

Corrective Actions:

Establish a tracking mechanism to document all staff training, specifically the provisions in this part of the rule. See notes in summary.

Response Needed By: 04/30/2022

2. 2911.3700 EMERGENCIES AND UNUSUAL OCCURRENCES. Subpart 4. Reporting of unusual occurrences.

Incidents of an unusual or serious nature shall be reported within ten days of the incident in writing to the Department of Corrections in the format required by the department. The reports shall include the names of persons involved, staff and inmates, nature of the unusual occurrence, actions taken, and the date and time of the occurrence. Unusual occurrences requiring reporting to the DOC include such occurrences as: A. attempted suicide; B. suicide; C. homicide; D. death, by means other than suicide or homicide; E. serious injury or illness subsequent to detention including incidents resulting in hospitalization for medical care; F. hospitalization associated with mental health needs; G. attempted escape or escape from a secured facility; H. incidents of fire requiring medical treatment of staff or inmates or a response by a local fire authority; I. riot; J. assaults of one inmate by another that result in criminal charges or outside medical attention; K. assaults of staff by inmates that result in criminal charges or outside medical attention; L. injury to inmates through response to resistance by staff controlling inmate behavior; M. occurrences of infectious diseases and action taken relative to same when a medical authority has determined that the inmate must be isolated from other inmates; and N. reporting of all notices of intent to file litigation against the facility resulting from matters related to the detention or incarceration of an inmate; O. sexual misconduct, such as inmate on inmate, staff on inmate, and inmate on staff; and P. use of sexual materials, electronic media for sexual purposes, or both. In the event of an emergency such as serious illness or injury where death may be imminent, individuals designated by the inmate shall be notified. Permission for notification, if possible, shall be obtained from the inmate.

Inspection Findings:

There have been no incidents reported to the Department of Corrections since 2017.

Corrective Actions:

Ensure that all required incidents are reported into the DOC Portal System. This was discussed in detail at the time of the inspection. All qualifying hospital visits or other incidents since January 1, 2020 need to be entered into the system.

Response Needed By: 12/31/2021

3. 2911.5000 POST ORDERS; FORMAL INMATE COUNT; WELL-BEING CHECKS. Subpart 1. Post orders and accountability.

There shall be written orders for every security post that are reviewed annually and updated if necessary. A written policy and procedure shall require that personnel read, sign, and date applicable post orders at least annually, or as needed for new posts or revisions. Medium and large facilities with multiple posts may need to conduct these reviews more often.

Inspection Findings:

Post orders are available to staff electronically but there is no documentation showing that staff have reviewed and signed the applicable orders.

Corrective Actions:

Establish and document a process for staff to review and sign the post orders annually.

Response Needed By: 12/31/2021

Chapter 2911 - Mandatory Rules In Compliance With Concerns

Total: 2

1. 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:

2. 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, the medical authority is not reviewing the results of the screen.

Corrective Actions:

It is imperative that the medical authority review the medical screens on a regular basis.

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 a facility. During new arrests the County Sheriff Deputy needs to respond or stay at the facility which means less coverage for the County while they are at the jail.

In the event of an emergency, jailer/dispatchers can only respond with verbal direction and call for assistance which may not be in the vicinity. 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 already available in the building.

Because the Jailer/Dispatchers do not have direct inmate contact, some of the training requirements are not in compliance. There are numerous scenarios in which staff may still have contact with an inmate. Because of this, response to resistance training should be provided.

Well-being checks: Due to technical issues, I was not able to view well-being checks being completed via the camera system. However, I was able to view the written logs and those all appeared to be in compliance with the 30 minute time frame allowed in the rule.

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

The facility will remain on annual inspections.

JJDPA Compliance

On October 19, 2021, 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 juveniles between October 1, 2021 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: _____

