



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:

Goodhue County Jail

Address: 430 W Sixth Street, Red Wing, MN 55066

MN Governing Rule: 2911 Local Adult Detention Facilities

Inspection Type: Biennial **Inspected By:** Gretta Holder – Detention Facility Inspector **Inspected on:** 06/18/2024

Inspection Method: Facility walk-through, staff and inmate interviews, staff and inmate file reviews, facility documentation reviews and video footage review.

Officials Present During Inspection: Assistant Jail Administrator Cory Gagnon; Jail Administrator Mark Bolster

Officials Present for Exit Interview: Assistant Jail Administrator Cory Gagnon; Chief Deputy Jonathon Huneke; Jail Administrator Mark Bolster

Issued Inspection Report to: Assistant Jail Administrator Cory Gagnon; Chief Deputy Jonathon Huneke; Jail Administrator Mark Bolster; Sheriff Marty Kelly; County Administrator Scott Arneson; Regional Manager Dayna Burmeister

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	118	2	6	98.41%	Compliance rating of 100%
2911	Essential	101	101	0	0	100.00%	Compliance rating of 90%

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 08/01/2024 **Ends On:** 07/31/2026 **Facility Type:** Jail
Placed on Biennial Status: Yes **Biennial Status Annual Compliance Form Due On:** 07/31/2025
Delinquent Juvenile Hold Approval: no approval **Certificate Holder:** Goodhue County Sheriff's Office
Special Conditions:

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	156	90	140.40	None.	

RULE COMPLIANCE DETAILS

Chapter 2911 - Mandatory Rules Not In Compliance**Total: 2**

1. 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:

The jail has not completed an annual Emergency Evacuation drill since the last inspection.

Corrective Actions:

The facility must schedule and complete an evacuation drill to include local agencies. Once the drill is completed, submit documentation to the Department of Corrections by September 27, 2024.

Response Needed By: 09/27/2024

2. 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:

A review of well-being checks was conducted via video on multiple days, times and shifts. The facility documented a June 4, 2024 12:18pm meal pass as a well-being check in F Unit.

Corrective Actions:

Since the inspection, the facility has updated their procedures to ensure staff completes a well-being check in addition to meal pass. The inspector will continue to monitor for compliance.

Response Needed By: 09/27/2024**Chapter 2911 - Mandatory Rules In Compliance With Concerns****Total: 6**

1. 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:

The facility currently utilizes the kiosks for orientation, and inmates must acknowledge their understanding of orientation/inmate handbook on the kiosk. This does not meet the requirement specified in Subpart 3: 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.

Corrective Actions:

Since the inspection, the facility has updated their orientation process to ensure 2911.2525.3 is compliant.

Response Needed By:

2. 2911.5450 DANGEROUS MATERIALS.

A facility shall have a written policy and procedure that specifies that materials dangerous to either security or safety shall be properly secured. Storage and use of flammable, toxic, and caustic materials must be in accordance with all applicable laws and regulations of governing jurisdictions. The policy must cover control and use of tools and culinary and medical equipment.

Inspection Findings:

The facility has an inventory for kitchen knives and tools, however it is not documenting when they are checked out.

Corrective Actions:

This was discussed during the inspection, submit completed inventory log by August 2024 to Department of Corrections.

Response Needed By:

3. 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:

The facility completes testing on all locks. Documentation showed the testing was not being completed every 7 days.

Corrective Actions:

Since the inspection, the facility has implemented a plan to ensure consistency. The inspector will continue to monitor for compliance.

Response Needed By:

4. 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:

The facility's medical screening was missing Subpart 6 B) observations of body deformities, trauma markings, body piercings, bruises, lesions and jaundice.

Corrective Actions:

Since the inspection, the medical screening was updated to include observations of specific skin conditions.

Response Needed By:

5. 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:

When reviewing refrigerator temperature logs for the month of April and May 2024, several days were missed, (4/5/24, 4/21/24, 4/27/24, 5/12/24 and 5/25/24). Those days were on the weekends, when medical was not at the facility.

Corrective Actions:

Since the inspection, a digital device to send reminders to check the temperature was purchased for the facility. The inspector will continue to monitor for compliance.

Response Needed By:

6. 2911.7200 HOUSEKEEPING, SANITATION, AND PLANT MAINTENANCE. Subpart 1. General.

A facility shall have a policy and procedure that provides that the facility shall: A. be kept in good repair to protect the health, comfort, safety, and well-being of inmates and staff; B. document weekly sanitation inspections; and C. document deficiencies from the weekly sanitation inspection, if any, have been ordered.

Inspection Findings:

The facility completes weekly housekeeping, sanitation and plan maintenance checks. Documentation showed the checks were not completed every 7 days.

Corrective Actions:

Since the inspection, the facility has implemented a plan to ensure consistency. The inspector will continue to monitor for compliance.

Response Needed By:

INSPECTION COMMENTS

The Goodhue County Jail is clean and well-maintained. The Jail Administrator was well-prepared for the inspection and provided all the documentation needed.

The Goodhue County Jail will remain on biennial inspection.

JJDPA Compliance

On June 17, 2024, a Juvenile Justice and Delinquency Prevention Act audit was conducted. The Goodhue County Jail has No Juvenile Approval. 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.

DSO: No violations of the facility holding status offenders in the jail was found.

Jail Removal: No violations identified.

Sight and Sound separation: The facility design and policies allow for proper sight and sound separation. This includes the route taken to Court holding. Policies and the court schedule also indicate proper sight and sound separation are maintained.

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

Based on the documentation reviewed, no violations of the JJDP Act were found during the Goodhue County jail inspection.

Report completed By: Gretta Holder – Detention Facility Inspector

Signature: *Gretta Holder*