



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:** Jen Pfeifer – Detention Facility Inspector **Inspected on:** 07/28/2020 to 07/29/2020

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

Officials Present During Inspection: Jail Administrator Mark Agre; Lieutenant Cory Gagnon

Officials Present for Exit Interview: Jail Administrator Mark Agre; Lieutenant Cory Gagnon

Issued Inspection Report to: Jail Administrator Mark Agre; Lieutenant Cory Gagnon; 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	123	3	0	97.62%	Compliance rating of 100%
2911	Essential	101	97	1	3	99.01%	Compliance rating of 90%

TERMS OF OPERATION

Authority to Operate: conditional approval **Begins On:** 08/01/2020 **Ends On:** 07/31/2022 **Facility Type:** Jail

Placed on Biennial Status: Yes **Biennial Status Annual Compliance Form Due On:** 07/31/2021

Delinquent Juvenile Hold Approval: no approval **Certificate Holder:** Goodhue County Sheriff's Office

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	156	90	140.40	None.	None.

RULE COMPLIANCE DETAILS

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

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:

There was no documentation of fire drills completed.

Corrective Actions:

Complete annual fire drill and document its completion.

It is also recommended that drills such as man down and cut down be added to the yearly training plan.

Response Needed By: 09/30/2020

2. 2911.4000 ANNUAL FOOD SERVICE REVIEW.

A facility's menu content and cycle shall be reviewed at least once annually by a registered dietitian or nutritionist to ensure compliance with part 2911.3900. The review the findings shall be documented and on file.

Inspection Findings:

There was no documentation of an annual food service review provided.

Corrective Actions:

Obtain a copy of the approved meal plan and menu review from a registered dietitian.

Response Needed By: 09/30/2020

3. 2911.6500 STORAGE. Subpart 6. Needles and other medical sharps.

There shall be a written policy and procedure for the control and disposal of medical sharps and supplies. Medical sharps and supplies when used or stored in inmate housing areas shall be accounted for and secured in a locked area.

Inspection Findings:

Medical sharps were not counted correctly in the medication cart.

Corrective Actions:

This was discussed at the time of the inspection. The sharps were accounted for but not counted correctly or documented correctly. Medical staff are encouraged to count and recount sharps and ensure documentation is correct.

Response Needed By: 09/30/2020**Chapter 2911 - Essential Rules Not In Compliance****Total: 1**

1. 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. A check of medical and inmate files revealed incidents that should have been reported. This was addressed in previous inspections.

Corrective Actions:

Ensure that incidents listed in A-P of the rule are reported to the Department of Corrections. All incidents that fall under the rule shall be reported from January 1, 2020-to the present date and then all qualifying incidents moving forward. This was discussed in detail at the time of the inspection.

Response Needed By: 09/30/2020

Chapter 2911 - Essential Rules In Compliance With Concerns**Total: 3**

1. 2911.1200 CLERICAL AND SUPPORT EMPLOYEES WITH REGULAR OR DAILY INMATE CONTACT: TRAINING. Subpart 1. Minimal inmate contact.

A facility shall have a written policy and procedure that provides that all new clerical and support employees that have minimal inmate contact receive 24 hours of orientation and training during their first year of employment. Sixteen of these hours are completed before being independently assigned to a particular job. Persons in this category are given an additional 16 hours of training each subsequent year of employment.

Inspection Findings:

Medical and Kitchen staff have not completed the quarterly reviews of emergency procedures.

Corrective Actions:

Include support staff in these required reviews. It is imperative that they are knowledgeable of the emergency procedures for the facility.

Response Needed By:

2. 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:

A new inspection form was created to assist the Sergeants in completing these inspections, however they are not being completed every month as required by the rule.

Corrective Actions:

Ensure that the required security inspections are completed every month.

Response Needed By:

3. 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:

A new form was created for completion of the required weekly fire inspections but they are not being completed consistently every week.

Corrective Actions:

Develop a system of accountability for the Sergeants to ensure that the fire inspections are completed weekly. We discussed plans to accomplish this the day of the inspection.

Response Needed By:

INSPECTION COMMENTS

This was Mark Agre's first inspection as the Jail Administrator.

Physical Plant:

1) The facility has been repainted and the graffiti cited in the last inspection has been removed.

Operational Observation/Recommendations:

- 1) The facility has implemented a new classification system which appears to be working well and has enabled the jail to classify inmates accurately and provides for appropriate degrees of separation.
- 2) The facility is transitioning to Lexipol. Once the policy manual is up-to-date it will need to be submitted to the Department of Corrections.
- 3) Due to the Pandemic, 6 staff are not current with CPR/First Aid Training.

JJDPA Compliance

On July 28, 2020, 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: I did not find any violations of the facility holding status offenders in the jail.

Jail Removal: I found no violations.

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 that I reviewed, I did not find any violations of the JJDP act during the Goodhue County inspection.

Report completed By: Jen Pfeifer – Detention Facility Inspector

Signature:

