



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

Inspection and Enforcement Unit, 1450 Energy Park Drive, Suite 200, St.Paul MN 55108
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INSPECTION DETAILS FOR:

Hennepin County ACF - Men

Address: 1145 Shenandoah Lane, Plymouth, MN 55447

MN Governing Rule: 2911 Local Adult Detention Facilities

Inspection Type: Biennial **Inspected By:** Sarah Johnson – Senior Detention Facility Inspector **Inspected on:** 12/02/2020

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

Officials Present During Inspection: Correctional Institution Manager Sean Chapman; Corrections Unit Supervisor Thomas Schmalz; Director Karen Kugler

Officials Present for Exit Interview: Correctional Institution Manager Sean Chapman; Corrections Unit Supervisor Thomas Schmalz

Issued Inspection Report to: Correctional Institution Manager Sean Chapman; Corrections Unit Supervisor Thomas Schmalz; Director Karen Kugler; County Administrator David Hough; 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	121	1	4	99.21%	Compliance rating of 100%
2911	Essential	103	100	0	3	100.00%	Compliance rating of 90%

TERMS OF OPERATION

Authority to Operate: conditional approval **Begins On:** 02/01/2021 **Ends On:** 01/31/2023 **Facility Type:** Adult Correctional Facility

Placed on Biennial Status: Yes **Biennial Status Annual Compliance Form Due On:** 01/31/2022

Delinquent Juvenile Hold Approval: no approval **Certificate Holder:** Hennepin County Community Corrections

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	Male	399	85	339.15	2016 report operating capacity changed 85%.	None.

RULE COMPLIANCE DETAILS

Chapter 2911 - Mandatory Rules Not In Compliance**Total: 1**

1. 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:

Currently, the medical policies have not been reviewed by the health authority for the year.

Corrective Actions:

Submit health care review documentation of the medical policies for Hennepin County ACF when they have been completed by the health authority.

Response Needed By: 01/30/2021**Chapter 2911 - Mandatory Rules In Compliance With Concerns****Total: 4**

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:

The facility has developed mental health training which is to be implemented by the end of 2020. The facility does not have training that addresses letter B of the rule: recognition of signs and symptoms of illness and knowledge of action required in potential emergency situations.

Corrective Actions:

It is imperative that Hennepin County provide medical training and mental health training for all staff. Staff must be able to recognize and address the medical needs of inmates. Submit a training plan for staff medical training to the Department of Corrections for review.

Response Needed By:

2. 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:

The majority of well-being checks are done in a timely manor and are sporadic in time. The facility has implemented a review of well-being checks by correctional supervisors before the end of each shift. Well-being checks that are over 30 minutes result in coaching and or disciplinary action from the facility.

When video was reviewed it was noted during sleeping hours some of the staff completed the well-being checks at a pace that was too fast to be regarded as a well-being check. Well-being checks need to be completed at a pace that verifies all inmates are ok.

Corrective Actions:

The facility must submit a plan of corrective action that addresses the pace of well being checks to the Department of Correction by February 15th, 2020. A review of well-being checks will be conducted by the Department of Corrections 3 months after implementation of corrective action.

Response Needed By:

3. 2911.6800 CONTROL. Subpart 1. Records.

Records of receipt, the quantity of the drugs, and the disposition of all prescription medications shall be maintained in detail to enable an accurate accounting.

Inspection Findings:

The facility has put procedures in place for accurate accounting of all prescription medications, but this does not include accountability of prescriptions that are received at intake.

Corrective Actions:

Create a system of accountability for all prescription medications received at intake. Submit documentation of new medication procedures to the Department of Corrections for review.

Response Needed By: 01/30/2021

4. 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 was clean and in good repair. The documentation for the weekly sanitation inspection was lacking in verification that it is being completed each week.

Corrective Actions:

Require a weekly sanitation inspection by a designated staff member to be completed and documented. Documentation of completion should be reviewed by a supervisor.

Response Needed By:

Chapter 2911 - Essential Rules In Compliance With Concerns

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 is a large percentage of staff that need to finalize their first aid and CPR training. This delay is primarily due to COVID restrictions on in-person training. Also, it cannot be verified if all staff received the required evacuation drill.

Corrective Actions:

It is recommended to continue to try to provide classroom or instructor training when it is safe to do so. Also, determine which staff need to complete the mandatory a fire evacuation drill and record completed drill in their training files. It is imperative that all staff receive the fire and evacuation drills.

It is also recommended to incorporate training drills into the training curriculum, such as serious medicals, inmate suicide, man down, and serious assault drills.

Response Needed By:

2. 2911.1600 DESIGNATED TRAINING OFFICER.

A facility shall have a designated training officer responsible for: A. maintenance of training plans as required in part 2911.1000; B. maintenance of training records in sufficient detail to allow inspector assessment of compliance with parts 2911.1100 to 2911.1700; and C. documentation of waivers of training requirements based on equivalent training received before employment or demonstrated competency through proficiency testing.

Inspection Findings:

Training records cannot verify if all staff have completed the mandatory evacuation drill. Records indicated a number of incomplete trainings for staff that are no longer working or are currently on leave, giving it the appearance of insufficient training.

Corrective Actions:

It is recommended for clarity to put in the end of service date for staff that are no longer at the facility. Also, update training documentation for current staff that have or have not completed an emergency evacuation drill for the facility.

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:

On the day of the inspection, it was noted that the weekly fire inspection was not being completed weekly.

Corrective Actions:

It is recommended to require a weekly fire inspection by a designated staff member to be completed and documented. Documentation of completion should be reviewed by a supervisor.

Response Needed By:

INSPECTION COMMENTS

Pandemic Planning:

The facility has worked with the Minnesota Department of Health to create thorough and effective COVID protocols designed to protect all inmates and staff. Staff are trained and are knowledgeable in maintaining protective COVID protocols.

Programing:

The Hennepin ACF has extensive programing within the facility that address the needs of the inmates. They have provided services that bridges the gap from confinement to community for when an inmate is released. Due to the extensive programing of the Hennepin County ACF and the needs of the inmates, it does mix some classifications of inmates for the benefit of the programing.

The Need for Specialized Housing:

The physical plant of the facility does not adequately address inmates with mental health issues or special management needs. Any deviating classification factors that would categorize an inmate into special management, either by the medical staff or the classification team, only puts that inmate into a cell that is considered 'higher observation' in one of the cell blocks. The 'high observation' cells do not meet separation requirements due to the physical plant of the cell blocks.

There is a 10 bed segregation unit that holds discipline segregation and administrative segregation. The unit availability is insufficient and does not meet the needs of a facility of this size. There are plans in the future to add two cells into the segregation unit which will help alleviate a portion of segregation cell shortages.

Cameras:

There is a plan to update cameras in the future but the cameras that are used in a few areas of the jail are outdated and of poor quality. The video of the dining area is too pixilated to provide adequate viewing. The camera coverage in the cell blocks at night is too inadequate to view staff properly. There are outdated, poor quality cameras throughout the facility and it is recommended continue consider a camera improvement project.

Showers:

The showers in the housing units are in need of remodeling. It is recommended that the shower areas be remodeled with current detention standards and inmate needs in mind.

It is recommended that the officials of Hennepin County continue to look at the current and future public safety needs of this facility and continue to plan for long-term solutions.

JJDPA Compliance

On December 2, 2020, a Juvenile Justice and Delinquency Prevention Act audit was conducted. The Hennepin County Adult Correctional Facility- Mens has no approval to hold delinquent juveniles.

According to the DOC Portal system and facility records the Hennepin County A.C.F. Mens held or processed 0 (zero) juveniles during the fiscal year 2021.

DSO: I did not find any violations of the facility holding any status offenders.

Jail Removal: Any juveniles brought to the A.C.F. are certified as adults.

Sight and Sound Separation: The facility houses no delinquent juveniles.

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

Based on these facts and documentation that I reviewed, I did not find any violations of the JJDP act during the Hennepin County A.C.F. Mens inspection.

Report completed By: Sarah Johnson – Senior Detention Facility Inspector

Signature:

