



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:

Lac Qui Parle County Jail

Address: 600 Sixth Street, Madison, MN 56256

MN Governing Rule: 2911 Local Adult Detention Facilities

Inspection Type: Annual **Inspected By:** Jen Pfeifer – Detention Facility Inspector **Inspected on:** 06/16/2021 to 06/24/2021

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

Officials Present During Inspection: Jail Administrator Brian Benck

Officials Present for Exit Interview: Jail Administrator Brian Benck

Issued Inspection Report to: Jail Administrator Brian Benck; Sheriff Allen Anderson; County Auditor/Treasurer/Coordinator Jake Sieg; 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	128	118	7	3	94.53%	Compliance rating of 100%
2911	Essential	99	96	3	0	96.97%	Compliance rating of 90%

TERMS OF OPERATION

Authority to Operate: conditional approval **Begins On:** 07/01/2021 **Ends On:** 06/30/2022 **Facility Type:** 90 Day Lockup
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:** Lac Qui Parle 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	7	60	4.20	None.	None.

RULE COMPLIANCE DETAILS

Chapter 2911 - Mandatory Rules Not In Compliance

Total: 7

1. 2911.3800 FOOD HANDLING PRACTICES.

Food service shall be provided according to Minnesota Department of Health rules.

Inspection Findings:

The Correctional staff at the facility are providing and serving the breakfast meal, but there is no one in the facility that has a serve-safe certification.

Corrective Actions:

Even though no meals are being cooked in the facility, one staff member is required to hold the serve safe certificate and is responsible for ensuring that meals are served using the Minnesota Department of Health guidelines. Provide this documentation to the Department of Corrections by September 30, 2021.

Response Needed By: 09/30/2021

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 food menu review provided at the time of the inspection.

Corrective Actions:

The facility must have a menu cycle reviewed by a license dietician once per year. This menu must be located on site at the local deli providing meals for the facility. Provide documentation of this review to the Department of Corrections by September 30, 2021.

Response Needed By: 09/30/2021

3. 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 check video shows well-being checks were not within the 30 minute time frame allowed in the rule.

Corrective Actions:

Although checks were observed to be out of compliance with the rule, the facility has been working diligently since the last inspection and has improved greatly. Checks are staggered and the facility has implemented the guardian system to help with the tracking of time during well-being checks. It is strongly recommended that the jail administrator completed weekly or bi-monthly audits of these well-being checks to ensure compliance once additional cameras are installed.

Response Needed By: 07/30/2021

4. 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:

Chemicals in the jail for inmate use were found to be caustic and flammable.

Corrective Actions:

Remove all chemicals that are warned as being flammable, toxic, cause severe or irreversible eye damage and/or cause skin burns.

Response Needed By: 07/31/2021

5. 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 weekly lock inspections are not being completed.

Corrective Actions:

It is recommended that a complete list of all locks to be checked weekly be created. This check list will provided clear documentation of all locks being checked. Provide documentation of this check list to the Department of Corrections by 7/30/2021.

Response Needed By: 07/30/2021

6. 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:

Medical policies have not been reviewed by the medical authority or documented.

Corrective Actions:

The Medical Authority shall review medical policies yearly and sign off on those policies. Provide documentation of this review to the Department of Corrections by 7/30/2021.

Response Needed By: 07/30/2021

7. 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:

Weekly sanitation inspection are not being completed.

Corrective Actions:

Complete weekly sanitation inspection and document those inspections. It is recommended that a file be created to keep these documented inspections organized and easily accessible for the Department of Corrections to review.

Response Needed By: 07/30/2021

Chapter 2911 - Essential Rules Not In Compliance

Total: 3

1. 2911.3100 INMATE ACTIVITIES AND PROGRAMS. Subpart 7. Recreation plan.

The facility administrator or designee shall have a plan providing opportunities for physical exercise and recreational activities for all inmates consistent with the facility's classification and design. Class I facilities are exempt from this requirement. The plan shall include policies and procedures necessary to protect the facility's security and the welfare of inmates. Policy and procedure shall provide: A. inmates with access to recreational opportunities and equipment, including seven hours of physical exercise or recreation outside the cell and adjacent dayroom areas per week; B. recreational opportunities a minimum of five days per week; C. indoor space and equipment for active recreational activities in all Class II to Class VI facilities; D. outdoor recreational space and equipment for outdoor recreational programming in all Class VI facilities. The space and equipment shall be provided in a manner consistent with the facility's security classification; E. passive and active recreation needs and equipment for a variety of inmates consistent with the facility's classification and offenders served. As an example, activity needs of geriatric, disabled, or geriatric and disabled offenders shall be addressed; F. inmates in segregation with a minimum of one hour a day, seven days a week, of exercise outside the inmates' cells, unless security or safety considerations dictate otherwise; and G. discretionary access by inmates on segregation status to the same recreational facilities as other inmates unless security or safety considerations dictate otherwise. When inmates on segregation status are excluded from use of regular recreation facilities, the alternative area for exercise used shall be documented.

Inspection Findings:

The recreation space is small and the limited space cannot meet the needs for active exercise and recreation.

Corrective Actions:

There is no corrective action at this time. The only way to increase the space is through a facility addition. If there is a jail expansion project in the future, recreation space must be addressed.

Response Needed By:

2. 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:

There was no documentation provided of POST order review.

Corrective Actions:

POST orders shall be reviewed annually and documentation of those reviews shall be provided by the jail administrator or designee.

Response Needed By: 12/31/2021

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:

The facility provided one weekly fire inspection as this was not something the new jail administrator was aware was a requirement of the Chapter 2911 rules.

Corrective Actions:

The facility shall complete weekly fire inspections as required by the rule. These inspections shall be documented and provided upon request to the Department of Corrections.

Response Needed By: 07/30/2021**Chapter 2911 - Mandatory Rules In Compliance With Concerns****Total: 3**

1. 2911.1000 TRAINING PLAN.

A facility administrator or designee shall develop and implement a training plan for the orientation of new employees and volunteers and provide for continuing in-service training programs for all employees and volunteers. Training plans shall be documented and describe curriculum, methods of instruction, and objectives. In-service training plans shall be prepared annually and shall provide documentation indicating that training for individual employees has taken into consideration their length of service, position within the organization, and previous training completed.

Inspection Findings:

There is a training plan in place however it does not address all of the elements in the rule.

Corrective Actions:

The training plan must describe curriculum, methods of instruction, and objectives of the training. This was discussed at length during the inspection.

Response Needed By:

2. 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 receive CPR and medication delivery but they do not receive training on all requirements of the rule such as B and E.

Corrective Actions:

Provide medical training for all staff that reflect the rule requirements. It is recommended you work with your medical provider to address more in-depth training in areas of mental health awareness and medical distress.

Response Needed By:

3. 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 has been completed through Lexipol, but there are many policies that the facility does not need in the manual as they do not reflect current practice of the jail.

Corrective Actions:

The policy manual should reflect all current policies and procedures. There are policies located in the Lexipol system that do not pertain to the jail and should be removed or modified.

Submit the updated policy manual to the Department of Corrections by December 31, 2021.

Response Needed By:

INSPECTION COMMENTS

This was Brian Benck's first inspection as the new Jail Administrator.

Training for the position was lacking and many of the 2911 rule requirements were not discussed prior to him taking the position.

The Chapter 2911 Rules Governing County Jails were discussed in detail at the time of the inspection.

The jail is showing significant signs of age and many of its systems are antiquated.

The County Board has approved construction for a new jail. The projected date for completion is 2023. The jail will need to maintain the current building until that time and preventative maintenance will be required until inmates are no longer being housed in the current facility.

Countryside Health Care is the medical authority for the facility. It is strongly recommended that the facility work with Countryside to develop a system for reviewing the initial medical screen in a timely manner. This is imperative to ensure that emergent medical needs are being met. It is further suggested that Countryside Health Care incorporate a follow up assessment for inmates that have been in custody for 14 days.

The facility has added more cameras to more areas of the jail for better facility review. The added cameras greatly improve staff and inmate safety. It is recommended that cameras be added to the hallways for additional coverage in front of inmate housing areas.

Lac Qui Parle has implemented a system for auditing well-being checks to ensure compliance with the rule. Although well-being checks were found to be out of compliance during the inspection they have greatly improved in the last year. The inspector will follow up with the jail within 90 days to monitor compliance with the rule.

The jail will remain on annual inspections.

JJDPA Compliance

Compliance Report for the monitoring Facilities Pursuant to the Juvenile Justice Delinquency Prevention Act of 2002.

On June 16,2021, a Juvenile Justice and Delinquency Prevention Act audit was conducted. The Lac Qui Parle 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.

According to the DOC Portal System, the Lac Qui Parle County Jail held or processed zero (0) juveniles during the federal fiscal year 2021. The findings are as follows:

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

Jail Removal: I did not find any violations for the jail removal standard.

Sight and Sound Separation: The facility design and policies allow for proper sight and sound separation if a delinquent juvenile would have to be held. Lac Qui Parle County does not hold delinquent juveniles in the facility per their policy. All delinquent juveniles are brought to Prairie Lakes Juvenile Center in Willmar.

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

Court holding: The courtrooms do not have a secure court holding area. All delinquent juveniles are brought straight into the courtroom.

Based on the documentation that I reviewed, I did not find any violations of the JJDP act during the Lac Qui Parle County inspection.

Report completed By: Jen Pfeifer – Detention Facility Inspector

Signature: _____

