



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
Telephone: 651-361-7146 Fax: 651-642-0314 Email: ie-support.doc@state.mn.us

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:** Justin Roberts – Detention Facility Inspector **Inspected on:** 05/11/2022

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	110	10	8	92.19%	Compliance rating of 100%
2911	Essential	99	87	8	4	91.92%	Compliance rating of 90%

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 07/01/2022 **Ends On:** 06/30/2023 **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: 10

1. 2911.0300 INTENDED USE AND NONCONFORMANCE WITH RULES Subpart 1. Intended use.

A facility shall be used only according to its classification, Class I to Class VI, as approved by the Department of Corrections. A Class I facility may be approved by the commissioner to house inmates serving alternative sentences for a time not to exceed any limits set by Minnesota Statutes. A Class II facility may house inmates serving an alternative sentence for a time not to exceed any limits set by Minnesota Statutes. A facility must be in compliance with a rule part, subpart, or item as designated under subpart 5a in order to meet approval requirements for continued operation unless the commissioner waives the part, subpart, or item. The commissioner shall assess a facility based on compliance with rules applicable to the facility's classification at the time of the facility's last inspection.

Inspection Findings:

Lac Qui Parle County Jail is currently classified as a Class II facility, this is defined in the 2911 rules as "a secure adult detention facility used to confine inmates before an appearance in court and sentenced inmates for a time not to exceed 90 days." It was discovered that the facility is holding individuals well beyond the allowed 90 days. The facility's current practice is to house the individual for a period and then send them to another facility for a short period of time, the individual later returns to Lac Qui Parle County Jail. This results in individuals being housed in Lac Qui Parle County Jail for longer than the allowed 90 days. Lac Qui Parle's interpretation of the rule is that once the individual is housed in another facility, the 90 days starts over. However, this practice violates the definition since they are housing individuals in their custody longer than 90 days.

Corrective Actions:

As a Class II facility, Lac Qui Parle is allowed to house individuals for up to 90 days, this does not allow Lac Qui Parle to exceed 90 days even if an individual is housed in another county jail. The jail administrator needs to create a plan to house individuals in other facilities, so that individuals do not exceed the total allowed 90 days in the Lac Qui Parle County Jail. This needs to be corrected immediately and the plan must be submitted to MN DOC for review.

Response Needed By: 06/30/2022

2. 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:

The jail administrator did not have an annual training plan prepared. It should be noted that during the 2021 inspection there was an annual training plan however it did not meet all the elements of the rule.

Corrective Actions:

An annual training plan must be created and include all the elements of the rule. This was discussed at length during the inspection. Once completed the training plan must be submitted to the MN DOC.

Response Needed By: 06/30/2022

3. 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:

At the time of the inspection an annual training plan and annual training records did not exist. Because of this compliance could not be determined.

Corrective Actions:

The jail administrator needs to create an annual training plan that includes the topics outlined in this rule. Additionally the jail administrator needs to maintain annual training records for all staff to insure compliance with this rule.

Response Needed By: 07/31/2022

4. 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 facility utilizes Lexipol for it's policy manual, this can be a useful tool for the facility to insure they are meeting the requirements under federal and state law, as well as state rules.

However it is clear that the facility has not completed annual reviews of the policies within Lexipol, there are a number of policies that do not meet all elements of the rules. Additionally there are a number of policies that are not current practice of the facility.

Corrective Actions:

The policy manual should reflect all current rules and statutes. The policies that are not current practice must be removed or modified, but must also meet the rules and statutes governing the facility.

Submit the updated policy manual to the Department of Corrections by August 31st, 2022.

Response Needed By: 08/31/2022

5. 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 does not currently have an orientation process, the jail administrator stated that they provide a copy of the handbook and rely on other inmates to assist with this process.

Corrective Actions:

The jail administrator must create an orientation process that provides important information to all inmates at the time of in-take. A copy of the policy and procedure must be submitted to MN DOC once completed.

Response Needed By: 06/30/2022

6. 2911.3700 EMERGENCIES AND UNUSUAL OCCURRENCES. Subpart 2. Quarterly review of emergency procedures.

There shall be a review of emergency procedures once every three months. The review shall include: A. assignment of persons to specific tasks in case of emergency situations; B. instructions in the use of alarm systems and signals; C. systems for notification of appropriate persons outside the facility; D. information on the location and use of emergency equipment in the facility; E. specification of evacuation routes and procedures; and F. that the review be documented and require signature or initialing by all staff.

Inspection Findings:

Quarterly review of emergency procedures are being done, however not all staff are completing them.

Corrective Actions:

The jail administrator needs to ensure that all staff are completing quarterly reviews and that it is documented. If staff are gone, on leave, or not scheduled during a review time frame, it should be documented and completed at a later time. If an individual is employed with the facility, they are still required to meet all of the requirements within the rule.

Response Needed By: 07/31/2022

7. 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 found that two checks were not completed within the required 30 minutes. Additionally the majority of the checks observed were done at a pace to quick to observe signs of life or distress.

Corrective Actions:

The facility has implemented the guardian system to help with the tracking of time compliance during well-being checks. It is strongly recommended that the jail administrator create an auditing plan for well-being checks. The plan should include bi-monthly audits of well-being checks to ensure compliance with the 30 minute requirement and that the checks are completed at a pace that allows for observation of signs of life or distress. The audit plan should also include addressing any deficiencies and retraining as necessary with the staff member responsible.

Response Needed By: 06/30/2022

8. 2911.6600 DELIVERY. Subpart 2. Training.

Only persons who have received training appropriate to this assignment may deliver medication.

Inspection Findings:

At the time of the inspection training records were not being kept on each staff member. There was no way to verify that this training has been conducted with all staff who are responsible for passing medications.

Corrective Actions:

A annual training plan must be created and training records kept on each individual staff member. This must be completed to ensure compliance with this rule.

Response Needed By: 07/31/2022

9. 2911.6600 DELIVERY. Subpart 3. Refresher training.

A nonmedical staff person delivering medication shall receive refresher training a minimum of once every three years.

Inspection Findings:

At the time of the inspection training records were not being kept on each staff member. There was no way to verify that this training has been conducted with all staff who are responsible for passing medications.

Corrective Actions:

A annual training plan must be created and training records kept on each individual staff member. This must be completed to ensure compliance with this rule.

Response Needed By: 07/31/2022

10. 2911.6600 DELIVERY. Subpart 4. Documentation.

Initial and refresher training must be documented.

Inspection Findings:

At the time of the inspection training records were not being kept on each staff member. There was no way to verify that this training has been conducted with all staff who are responsible for passing medications.

Corrective Actions:

A annual training plan must be created and training records kept on each individual staff member. This must be completed to ensure compliance with this rule.

Response Needed By: 07/31/2022

Chapter 2911 - Essential Rules Not In Compliance

Total: 8

1. 2911.0360 OPERATIONAL BED CAPACITY

The operational bed capacity of the facility shall be a percentage of the approved bed capacity level to accommodate peak population demands and separation requirements, and partial closing for maintenance and housekeeping.

Inspection Findings:

Lac Qui Parle County Jail is regularly housing more individuals then their approved operational bed capacity of 4.2. At the time of the inspection the facility was housing 5 individuals, based on records it appears that the facility regularly houses 5 individuals.

Corrective Actions:

The facility's approved capacity is 7 with an operational capacity percentage of 60%, giving the facility an operational capacity of 4.2. This means that the facility can only house 4 individuals on a regular basis. The facility must create and follow a plan for if their population exceeds the operational capacity, the plan must be submitted to the MN DOC. This needs to be addressed immediately.

Response Needed By: 06/30/2022

2. 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:

The facility has a policy that meets the rule. However at the time of inspection there were no training records available to determine compliance with the rule. There doesn't appear to be any documentation completed on each staff member that outlines what training they have completed.

Corrective Actions:

The jail administrator needs to create a written policy and procedure to track training each staff member is receiving throughout the year, this written policy and procedure must follow all elements in this rule. Once this is completed it must be submitted to MN DOC to review to ensure compliance.

Response Needed By: 07/31/2022

3. 2911.2850 INMATE DISCIPLINE PLAN. Subpart 3. Due process.

Disciplinary segregation shall be used only in accordance with due process to include at a minimum: A. published rules of conduct and penalties for violation of rules; B. written notice of alleged violation of a rule; C. the right to be heard by an impartial hearing officer and to present evidence in defense: (1) the inmate may waive the hearing in writing; and (2) a written record is made of the disciplinary hearing and sanctions or other actions taken as a result of the hearing; D. the right to appeal; E. the status of an inmate placed on disciplinary segregation for more than 30 continuous days subsequent to a disciplinary hearing shall be reviewed, approved, and documented by the facility administrator or designee at least once every 30 days, and the facility shall develop written policy, procedure, and practice that provides that inmates in disciplinary segregation receive visits from the facility administrator or designee at least once every seven days as a part of the disciplinary segregation review process; F. an inmate placed in segregation for an alleged rule violation shall have a disciplinary hearing within 72 hours of segregation, exclusive of holidays and weekends, unless documented cause can be shown for delays. Examples of causes for delay are inmate requests for delay, or logistical impossibility, as in the case of mass disturbances; and G. the facility administrator or designee can order immediate segregation when it is necessary to protect the inmate or others. This action is reviewed and documented within three working days.

Inspection Findings:

The facility's policy contains all elements of this rule with the exception of sections (F). Although the policy addresses all other elements in this rule, this is not the facility's current practice. Specifically the facility's policy contains section (B) and (C 1 and 2), but they are not following the policy.

Corrective Actions:

The facility's policy needs to be modified to include section (F) of this rule. Additionally, the jail administrator needs to create procedures to ensure that policy is followed so that the facility is meeting the requirements in sections (B) and (C 1 and 2) of this rule. Once completed, this must be submitted to MN DOC for review.

Response Needed By: 06/30/2022

4. 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 facility is providing space for recreation, however the space is small and limits the amount of physical activity the inmates are able to have. Additionally the space is also used for programming, but due to the size of the space limited programming is happening.

Corrective Actions:

The jail administrator needs to create a plan that allows for exercise and recreation in the limited space that is available, this could be done using small exercise equipment, creating a workout program, provide exercise videos, and/or yoga videos.

Additionally the jail administrator needs to create a plan for providing programs within the facility. The list of available programs need to be provided to the inmates so they are aware. There have been a number of small facilities that have been partnering with each other to providing programming via ITV, it would benefit Lac Qui Parle to look into this option.

The facility needs to make progress in this area and will be reviewed when the DOC inspector conducts an on-site follow up in 3 months. Failure to make progress in this area could result in a review of class status.

Response Needed By: 11/30/2022

5. 2911.3500 VOLUNTEERS.

When volunteers are used in facility programs, a written policy and procedure shall provide that a staff member is responsible for coordinating the volunteer service program. The policy includes the following elements: A. lines of authority, responsibility, and accountability for the volunteer services; B. a procedure for the screening and selection of volunteers; C. an orientation training program appropriate to the nature of the assignment; D. a requirement that volunteers agree in writing to abide by all facility rules and policies, with emphasis on security and confidentiality of information; and E. a statement that the administrator may discontinue a volunteer activity at any time by written notice.

Inspection Findings:

The facility does not have a policy related to the use of volunteers.

Corrective Actions:

The jail administrator must review the policy manual and create a policy that meets the elements of this rule. Once completed the policy must be submitted to MN DOC to review.

Response Needed By: 08/31/2022

6. 2911.3700 EMERGENCIES AND UNUSUAL OCCURRENCES. Subpart 7. Mass arrest.

A facility shall have a written plan that governs space arrangements and procedures to be followed in the event of a mass arrest that exceeds the approved capacity of the facility established under parts 2911.0330 to 2911.0370.

Inspection Findings:

At the time of the inspection no plan for mass arrests was provided, nor did policy address the matter.

Corrective Actions:

The jail administrator needs to create a written plan for mass arrests that meets all the elements of this rule. Once completed this plan must be submitted to MN DOC for review.

Response Needed By: 08/31/2022

7. 2911.4950 RESPONSE TO RESISTANCE. Subpart 4. Equipment.

The issue, storage, inspection, and use of chemical agents, impact devices, electronic control devices, and other security devices shall be governed by written policy and procedure. All unissued security devices and equipment shall be stored in a secure, readily accessible depository located outside inmate housing and activity areas, and inventoried at least monthly to determine condition and expiration dates of the devices and equipment.

Inspection Findings:

Although the facility doesn't use equipment such as chemical agents, impact devices, or electronic control devices, it does use other security equipment such as handcuffs. These items are not currently being inventoried on a monthly basis.

Corrective Actions:

The jail administrator needs to create policy and procedures that meet the requirement of monthly inventory and inspection of this type of equipment. Completed documents need to be submitted to MN DOC for review.

Response Needed By: 07/31/2022

8. 2911.4950 RESPONSE TO RESISTANCE. Subpart 6. Training.

Facility policy shall provide that all personnel authorized to use security equipment and instruments of restraint are trained according to manufacturer's specifications or facility's training requirements.

Inspection Findings:

The facility does not currently have a policy that addresses this rule. There is a statement within policy that states that this equipment is not used or available in the facility so there is no need for training. However throughout policy it states that restraints such as handcuffs are used by staff in the facility, handcuffs are considered security equipment.

Corrective Actions:

The jail administrator needs to create a policy and procedure that meets the rule and trains all of the staff on the use of the security equipment currently in use within the facility. Once created the documents need to be provided to MN DOC for review.

Response Needed By: 07/31/2022

Chapter 2911 - Mandatory Rules In Compliance With Concerns

Total: 8

1. 2911.0900 STAFFING REQUIREMENTS. Subpart 11. Maintenance personnel and custody staff; separation of duties.

Maintenance personnel shall be employed to perform preventive, routine, and emergency maintenance functions. Custody staff shall not be given physical plant maintenance duties that detract from their primary responsibilities for ongoing supervision of inmates.

Inspection Findings:

Maintenance issues are being address, however they are being addressed by the jail administrator.

Corrective Actions:

The facility should not be relying on the jail administrator to complete maintenance items, there should be a maintenance staff member with the county that should be assigned these duties.

Response Needed By:

2. 2911.2500 SEPARATION OF INMATES. Subpart 2. Supervision of coeducational activities.

Direct supervision of coeducational activities shall be provided at all times.

Inspection Findings:

Policy does not directly address this rule, however the facility's current practice is to not allow coed activities.

Corrective Actions:

It is recommended that this be put into policy, so that all staff are aware of the current practice.

Response Needed By:

3. 2911.2525 ADMISSIONS. Subpart 1. Policies and procedures.

A facility shall have written policies and procedures for processing new inmates to the facility to include, at a minimum, the following: A. obtaining and documenting available emergency medical information within two hours of admission; B. verification of court commitment papers or other legal documentation of detention. Verification shall include checking the date of admission, duration of confinement, and specific charges; C. a search of the inmate and the inmate's possessions; D. inventory and storage of the inmate's personal property; E. initial medical screening to include an assessment of the inmate's health status, including any medical or mental health needs; F. telephone calls made by the inmate during the booking and admission process and prior to assignment to other housing areas; G. shower and hair cleansing; H. issue of bedding, clothing, and personal hygiene items according to the rule requirements applicable to the anticipated length of stay of the inmate; I. photographing and fingerprinting including notation of identifying marks or unusual characteristics such as birthmarks or tattoos; J. interviewing to obtain the following identifying data: (1) name and aliases of person; (2) current address, or last known address; (3) health insurance information; (4) gender; (5) age; (6) date of birth; (7) place of birth; (8) race; (9) present or last place of employment; (10) emergency contact including name, relation, address, and telephone number; and (11) additional information concerning special custody requirements or special needs; K. initial classification of the inmate and assignment to a housing unit; L. an assigned booking number; and M. Social Security number, driver's license number, or state identification number, if available.

Inspection Findings:

The facility's policy includes these minimum elements except for A. obtaining and documenting available emergency medical information within two hours of admission. The jail administrator stated that if an individual does not provide this information at the time of in-take, the individual is not accepted at their facility and are taken to another facility to be housed.

Corrective Actions:

This element is required by the rule and must be added to the facility's admission policy.

Response Needed By:

4. 2911.2600 CLASSIFICATION OF INMATES. Subpart 1. Policy and procedure.

A facility shall have a written policy and procedure that provides for inmate classification in terms of level of custody required, housing assignment, participation in facility programs, and use of any overrides. The facility's policy and procedure on classification shall include consideration of the following: A. inmate gender; B. juvenile or adult status; C. category of offense; D. severity of current charges, convictions, or both; E. degree of escape risk; F. potential risk of safety to others and self; G. institutional disciplinary history; H. serious offense history; I. special needs assessment, inclusive of vulnerable adults, which includes a determination of how medical needs, mental health needs, developmental disability, or other behavioral or physical limitations or disabilities may impact on the classification of an inmate and appropriate housing of same; and J. special management inmate status.

Inspection Findings:

At the time of inspection several inmate files were reviewed, it was discovered that a recently admitted inmate had not had their classification completed.

Corrective Actions:

Classification is an important element that needs to be completed on all individuals admitted into the facility. The policy and procedure should be reviewed with all staff.

Response Needed By:

5. 2911.3200 INMATE VISITATION

The facility administrator or designee shall develop and implement an inmate visiting policy. The policy shall be in writing and include: A. attorney/client interviews allowed in a manner consistent with Minnesota Statutes, section 481.10; B. a schedule of visiting hours that includes the days and times for visits that includes visits during the normal business day, and evenings or weekends; C. establishment of a uniform number of permissible visits and the number of visitors permitted per visit; D. that an adult inmate be permitted an initial visit with a member or members of the inmate's immediate family at the next regularly scheduled visiting period; E. that all facilities schedule a minimum of eight visiting hours per week: (1) a minimum of three separate and distinct visiting days per week; and (2) 20 minutes' duration minimum for each visit unless the number of persons attempting to visit exceeds the facility's ability to meet this requirement, or the inmate's behavior dictates a need to terminate a visit earlier; F. allowed visits for identified members of an inmate's immediate family; G. when a visit to an inmate is denied for reasonable grounds on the belief that the visit might endanger the security of the facility, the action and reasons for denial shall be documented; H. that visitors register, giving names, addresses, and relationship to inmate; I that any area used for inmate visiting may be subject to audio monitoring, recording, or both. The facility shall use signs and the inmate handbook to inform the inmate about audio monitoring and recording. Professional visits not be audio recorded, unless a court order has been issued; J. that policies for parents, guardians, and attorneys visiting juveniles are unrestrictive as administratively possible and the initial visit of a juvenile by parents, guardians, and attorneys be permitted at any time; K. picture identification of visitors be required for identification purposes; L. that juvenile children be allowed to visit parents, regardless of age, as deemed appropriate by the parent or guardian accompanying the child and when a dispute over children visiting occurs between the inmate and the parent or legal guardian, the inmate be referred to the court for resolution; and M. facility policy and procedures setting forth criteria for authorized friend visiting.

Inspection Findings:

The facility's policy does not include all the requirements of the rule. Part (E) of the rule two 20 minute visits per week. The policy also doesn't include (M) facility policy and procedures setting forth criteria for authorized friend visit.

Corrective Actions:

Although current practices meet these elements, the elements are required as part of the policy. Policy must be modified to meet the elements of the rule.

Response Needed By:

6. 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 facility has policy and procedures that address this rule. Additionally the facility has Guardian that assists in conducting formal head counts. These are being done by some staff but not all.

Corrective Actions:

All staff should receive additional training on how to conduct formal counts using the Guardian system.

Response Needed By:

7. 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:

This was completed on July 21st, 2021, it will need to be completed again prior to July 21st, 2022. Additionally a policy could not be located in the facility's policy manual that requires this review to be completed, the rule requires it to be in policy.

Corrective Actions:

Review and modify policy manual to include this rule as required. Once completed, it must be submitted to MN DOC for review.

Response Needed By:

8. 2911.6600 DELIVERY. Subpart 9. Adverse reaction reports.

There shall be procedures for health-trained staff to report any adverse reaction incidents to health care personnel. The adverse reaction to a drug shall be documented.

Inspection Findings:

During policy review it was discovered that policy is missing an element of the rule. The rule requires that adverse reactions to medications be reported to health care personnel and that adverse reactions are documented. The facility policy only states that adverse reactions be documents.

Corrective Actions:

Policy must be modified to meet all elements of the rule. Once completed it must be submitted to MN DOC.

Response Needed By:**Chapter 2911 - Essential Rules In Compliance With Concerns****Total: 4**

1. 2911.2700 INFORMATION TO INMATES. Subpart 1. Information made available to inmates.

Copies of policies and rules governing conduct and disciplinary consequences; procedures for obtaining personal hygiene and commissary items; and policies governing visiting, correspondence, bathing, laundry, and clothing and bedding exchange shall be made available to all inmates. Information will be made available to disabled inmates including those that are hearing impaired, visually impaired, or unable to speak in a form that is accessible to them. Information required under this subpart shall be available in English. There shall be procedures in place to address the language barriers of non-English-speaking inmates. Policy and procedures shall ensure, to the extent practical, that inmates who are unable to speak English are provided with the information outlined in this part within 24 hours of admission to the facility in a form that is accessible to the inmate.

Inspection Findings:

The facility does have policies in place for non-English speaking, visually impaired, and deaf and hard of hearing individuals obtaining information during the in-take process and during their stay. However the facility's only option currently for deaf and hard of hearing is to communicate in writing. While this will work initially, they should be given the option of an interpreter service.

Corrective Actions:

The facility needs to look into interpreter services for the deaf and hard of hearing so that the facility can appropriately communicate in the event they have an individual who needs these services. There are web or app based services that provide for this option.

Response Needed By:

2. 2911.3400 TELEPHONE ACCESS.

A facility shall have a written policy and procedure that provides for inmate access to a telephone. Attorney/client telephone consultation shall be allowed in a manner consistent with Minnesota Statutes, section 481.10. Newly admitted inmates shall be permitted a local or collect long-distance telephone call to a family member or significant other during the admission process. Inmates shall be allowed telephone access to maintain contact with family members or significant others. Nonlegal calls may be made at the expense of the inmate. The minimum time allowed per call shall be ten minutes except where there are substantial reasons to justify limitations. Nonlegal telephone conversations may be monitored and recorded. Reasons for denial of telephone access shall be documented.

Inspection Findings:

Current policy allows for up to 3 completed phone calls at in-take. The rule requires a minimum of a 10 minute phone call at the time of in-take.

Corrective Actions:

Although the facility's policy allows for 3 completed phone calls at the time of booking, it does not guarantee a phone call for a minimum of 10 minutes. The policy must be changed to include the 10 minute minimum.

Response Needed By:

3. 2911.3600 CLOTHING AND BEDDING PROPERTY. Subpart 7. Personal property.

An inmate possessing personal property shall sign and receive a copy of the inventory record.

Inspection Findings:

The facility's policy meets the elements of this rule, however current practices do not provide a copy of the inventory to the inmate.

Corrective Actions:

The facility must provide a signed copy of the property inventory to every inmate.

Response Needed By:

4. 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:

The facility's policy addresses the elements of the rule except (A) suicide and attempted suicide. Although these are not in policy, it is current practice to report these items as required by the rule.

Corrective Actions:

The jail administrator must modify policy and add these elements into policy to make sure it meets all elements of the rule.

Response Needed By:

INSPECTION COMMENTS

Since the last inspection, Lac Qui Parle has installed two new cameras. These new cameras allow for better video coverage of the housing units and make auditing of well-being checks easier.

The facility utilizes the mobile mental health crisis team to assist with mental health services within the facility. The team will be called in when an inmate or staff request services. Additionally, the facility utilizes the local Madison Hospital/Clinic for additional services.

The Lac Qui Parle Jail is showing significant signs of aging, the facility is dark, limited in space, and systems are antiquated. There are several blind spots within the facility that make it difficult for staff to conduct observations of inmates. There were several lights burnt out during the inspection, these lights need to be replaced so that staff have enough light to make good observations of the inmates. There were other maintenance issues pointed out during the inspection. The program space is limited in size and does not fit the needs for recreation or programming. The County is actively engaged in talks for construction of a new facility; however, nothing has been finalized. The County needs to continue to maintain the current facility to ensure that it is safe for staff and inmates.

In August of 2021 the state enacted new laws governing jails called the Hardel Sherrell Act, several of those laws have gone into effect but are not addressed within policy. These items related to the Hardel Sherrell Act need to be addressed and added to policy. Once that is completed, the policies need to be reviewed by all staff. Policies must be submitted to MN DOC for review.

The electronics cart located in the program space should not be stored in the program room when not in use, there are several cords and cables on this cart that could be removed by an inmate. The cart should be stored in the corridor and the cables and cords should be secured to the cart, also the cords and cables should be inventoried by staff after every use. This was discussed during the inspection.

The jail administrator needs to take significant time and review the facility's policies and practices and make sure that they are meeting the minimum standards set by Minnesota 2911 Rules. It is important that the jail administrator become every familiar with the 2911 Rules, doing so will better aid in compliance.

The facility inspector will conduct follow-up with the facility and jail administrator to determine compliance with the issues addressed in this report.

The jail will remain on annual inspection status.

JJDPA Compliance

Juvenile Justice Delinquency Prevention (JJDP) Act of 2002 -Compliance Report.

On May 11, 2022 the JJDP Act audit was conducted at the Lac Qui Parle County Jail. The Lac Qui Parle County Jail has received a "Rural Exception" to the JJDP Act which allows the facility to hold a delinquent juvenile up to 24 hours, excluding weekends and holidays.

The three core requirements addressed in the audit 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 2022. The findings are as follows:

DSO: No violations determined.

Jail Removal: No violations determined.

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, MN.

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 reviewed, no violations of the JJDP act were determined during the Lac Qui Parle County jail inspection.

Report completed By: Justin Roberts – Detention Facility Inspector

Signature: _____

