



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:** Lori Schopf – Detention Facility Inspector **Inspected on:** 05/24/2023

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	6	4	95.31%	Compliance rating of 100%
2911	Essential	99	97	2	0	97.98%	Compliance rating of 90%

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 07/01/2023 **Ends On:** 06/30/2024 **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	75	5.25	None.	None.

RULE COMPLIANCE DETAILS

Chapter 2911 - Mandatory Rules Not In Compliance

Total: 6

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:

The jail administrator did not have an annual training plan for the year 2023. It should be noted that during the inspection there was a training plan for 2022.

Corrective Actions:

An annual training plan must be created and include all the elements of the rule. Once completed submit to the Department of Corrections for review.

Response Needed By: 08/31/2023

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 first aid and medication delivery, but they do not receive training on all requirements of the rule.

Corrective Actions:

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

Response Needed By: 09/29/2023

3. 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 all inmates were classified. However, the facility's classification process does not include all elements of the rule.

Corrective Actions:

This was discussed with the Jail Administrator during the inspection. Once these changes have been updated, send to the Department of Corrections for review.

Response Needed By: 08/31/2023

4. 2911.3800 FOOD HANDLING PRACTICES.

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

Inspection Findings:

The last health inspection completed was on 3/3/2022.

Corrective Actions:

Once completed send documentation to the Department of Corrections.

Response Needed By: 06/30/2023

5. 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:

The health care provider has not signed off on the annual health care policy review.

Corrective Actions:

Once completed submit to the Department of Corrections.

Response Needed By: 06/30/2023

6. 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 initial medical screening did not incorporate all areas of the rule. Specifically, there are missing elements from A(3) and B.

Corrective Actions:

This was discussed with the Jail Administrator at the time of the inspection. Once the document is updated, send to the DOC Inspector for approval by June 30, 2023.

Response Needed By: 06/30/2023

Chapter 2911 - Essential Rules Not In Compliance

Total: 2

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:

The majority of staff training records are for dispatch training, and there were no jail training records available to determine compliance with the rule.

Corrective Actions:

The jail administrator needs to create a procedure to track the training each staff member is receiving throughout the year. Once this is completed submit to the department for review to ensure compliance.

Response Needed By: 09/29/2023

2. 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:

This is a physical plant constraint that needs to be addressed with a remodel or new facility.

Response Needed By:

Chapter 2911 - Mandatory Rules In Compliance With Concerns

Total: 4

1. 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:

A review of the facility's policy was conducted prior to the inspection. The policies do have some areas that don't meet all the elements of the rules.

Corrective Actions:

This was discussed with the Jail Administrator at the time of the inspection. Once updated have staff review the changes to the policy manual. Submit the changes to the Department by December 29, 2023.

Response Needed By:

2. 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:

Medical and support staff should be included in these reviews.

Response Needed By:

3. 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:

Formal headcounts were not consistently logged every 8 hours.

Corrective Actions:

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

Response Needed By:

4. 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 video review of well-being checks showed well-being checks were completed within the 30-minute timeframe. However, there were instances in which checks were completed at too fast a pace to ensure the inmate's well-being.

Corrective Actions:

The Jail Administrator stated audits on staff are conducted quarterly, but there was no documentation provided. The Jail Administrator shall create a documented audit system to include deficiencies and follow up with staff.

Response Needed By:

INSPECTION COMMENTS

The Lac Qui Parle Jail is showing significant signs of aging, the facility is dark, limited in space, and its systems are antiquated. The program space is limited in size and does not fit the needs for recreation or programming. The County is actively engaged in plans for the construction of a new facility. It is imperative that through the planning and construction phase of the new facility that the current facility be kept clean and that preventative maintenance continues as you continue to house inmates.

The majority of training is conducted online, but there was no documentation to show that the required training elements are being completed. Documented training focuses on dispatch and not the requirements for correctional staff.

Although the County has a contract with public health, the medical policies were not reviewed and signed by the medical authority.

The facility has not completed annual drills for evacuation, fire, severe weather, man down, or cut down. It is imperative that the facility complete these drills on a regular basis to ensure staff are aware of what is expected during an emergency situation.

The jail will remain on annual inspection status.

JJDPA Compliance

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

On May 24, 2023, 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 2023. 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: Lori Schopf – Detention Facility Inspector

Signature: 
