



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:

Murray County Jail

Address: 2500 28th Street, PO BOX 57, Slayton, MN 56172

MN Governing Rule: 2911 Local Adult Detention Facilities

Inspection Type: Annual **Inspected By:** Lori Schopf – Detention Facility Inspector

Inspected on: 10/21/2021

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

Officials Present During Inspection: Assistant Jail Administrator Donna Mollema

Officials Present for Exit Interview: Assistant Jail Administrator Donna Mollema

Issued Inspection Report to: Assistant Jail Administrator Donna Mollema; Chief Deputy Heath Landsman; Sheriff Steve Telkamp; County Coordinator Tom Burke; 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	119	4	3	96.83%	Compliance rating of 100%
2911	Essential	96	93	3	0	96.88%	Compliance rating of 90%

TERMS OF OPERATION

Authority to Operate: conditional approval **Begins On:** 11/01/2021 **Ends On:** 10/31/2022 **Facility Type:** 72 Hour Holding

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:** Murray County Sheriff's Office

Special Conditions: None.

Approved Capacity Details **Operational Capacity is calculated as a percent of Approved Capacity beds.*

Bed Type	Gender	Approved Capacity	%Operating Capacity	Operational Capacity	Bed Details	Conditions
Secure	Coed	4	75	3.00	None.	None.

RULE COMPLIANCE DETAILS

Chapter 2911 - Mandatory Rules Not In Compliance

Total: 4

- 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:

Custody staff have not received the proper medical and mental health training.

Corrective Actions:

It is imperative that the facility provide medical training and mental health training for all staff. Once the training is completed submit to the Department of Corrections.

Response Needed By: 01/28/2022

2. 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 does not have all of the requirements met in their policy and procedure manual.

Corrective Actions:

The policy and procedure manual was discussed during the inspection on the changes that need to be made. Have custody staff review the changes to the policy manual. Submit changes to the Department of Corrections by 04/29/2022.

Response Needed By: 04/29/2022

3. 2911.3700 EMERGENCIES AND UNUSUAL OCCURRENCES. Subpart 1. Emergency plan.

A facility shall have a written disaster plan. The plan shall include policies and procedures designed to protect the public by securely detaining inmates who represent a danger to the community or to themselves when the facility must be evacuated in total. The plan shall also include: A. location of alarms and fire fighting equipment; B. an emergency drill policy as follows: (1) at least annual drills at all facility locations; and (2) drills shall be conducted even when evacuation of extremely dangerous inmates may not be included; C. specific assignments and tasks for personnel; D. persons and emergency departments to be notified; E. procedure for evacuation of inmates; and F. arrangements for temporary confinement of inmates.

Inspection Findings:

The facility has not completed an annual evacuation and emergency drill.

Corrective Actions:

Complete an evacuation and emergency drill, then submit documentation to the Department of Corrections.

Response Needed By: 01/28/2022

4. 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 reviews are not being documented.

Corrective Actions:

These reviews shall be well documented, and it is suggested that the facility create sign off sheets to indicated completion. Submit documentation to the Department of Corrections.

Response Needed By: 04/29/2022

Chapter 2911 - Essential Rules Not In Compliance**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:

The facility is not current in the trainings required by the rule, specifically response to resistance.

Corrective Actions:

The facility is completing response to resistance training in November of 2021. Provide documentation of the required training and submit to the Department of Corrections.

Response Needed By: 01/28/2022

2. 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 not have a policy and procedure in place for the hearing impaired.

Corrective Actions:

Options for communication for the hearing impaired was discussed with the Jail Administrator at the inspection. Submit the updated policy and procedure to the Department of Corrections by 01/28/2022.

Response Needed By: 01/28/2022

3. 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:

Post Orders were not reviewed as required annually.

Corrective Actions:

All staff shall review post orders annually. A sign off sheet shall be created by Jail Administration. When the review is complete submit to the Department of Corrections.

Response Needed By: 01/28/2022

Chapter 2911 - Mandatory Rules In Compliance With Concerns**Total: 3****1. 2911.0900 STAFFING REQUIREMENTS. Subpart 1. Staffing plan and staffing analysis.**

The facility administrator shall prepare and retain a staffing plan. The staffing plan shall identify: A. jail personnel assignments for: (1) facility administration and supervisors; (2) facility programs including exercise and recreation; (3) inmate admission, booking, supervision, and custody; (4) support services including medical, food services, maintenance, and clerical; and (5) other jail-relevant functions such as escort and transportation of inmates; B. the days of the week that the assignments are filled; C. the hours of the day that the assignments are covered; and D. any deviations from the plan with respect to weekends, holidays, or other atypical situations must be considered. The facility administrator or designee shall review the facility's staffing plan at least once each year. The review shall be documented in written form sufficient to indicate that staffing plans have been reviewed and revised as appropriate to the facility's needs or referred to the facility's governing body for funding consideration. A facility with a design capacity of more than 60 beds must have a staffing analysis and staffing plan approved by the commissioner of corrections. This staffing analysis shall include all posts, functions, net annual work hours appropriate to each post, and total number of employees to fill the identified posts and functions.

Inspection Findings:

The facility has a staffing plan, however the staffing plan is not reviewed and documented annually by the Jail Administrator.

Corrective Actions:

The Jail Administrator must document and submit the review to the Department of Corrections by 01/28/2021.

Response Needed By: 01/28/2022

2. 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 has an orientation process upon intake, however there is not any documentation that is signed and dated by the inmate.

Corrective Actions:

Create a form that allows the inmate to sign and acknowledge they have received orientation. Submit the form to the Department of Corrections by 01/28/2022.

Response Needed By: 01/28/2022

3. 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:

Locks are tested weekly to ensure proper operation, however the documentation is not detailed.

Corrective Actions:

It is recommended Jail Administration create a complete list of all locks to be checked weekly. This checklist will provide clear documentation of all locks being checked. Provide documentation of this check list to the Department of Corrections by 01/28/2022.

Response Needed By:

INSPECTION COMMENTS

The structure of the building is adequate, operationally with the amount of deficiencies the jail will have to be placed on annual inspections due to the mandatory rules out of compliance.

The facility must add the new statutory language into the current Release of Information form and submit to the Department of Corrections. This form is to be kept in the inmate's medical file.

With the addition of new statutory language added after the close of the legislative session in July of 2021, the policy manual will need to be updated to reflect those changes and requirements. Once the new statutory language is added to the facility policy manual submit it to the Department of Corrections by April 29, 2022.

Additional security concerns will be addressed in a separate letter.

JJDPA Compliance

Compliance Report for monitoring Facilities Pursuant to the Juvenile Justice Delinquency Prevention JJDP Act of 2002. On 10/21/21, a Juvenile Justice and Delinquency Prevention Act audit was conducted. The Murray County Jail has received a "Rural Exception" to the JJDP. This allows the facility to hold a delinquent juvenile up to 24 hours, excluding weekends and holiday. The three core requirements that are looked at during the facility review are Deinstitutionalization of Status Offenders (DSO), Removal of Juveniles for Adult Jail and Adult Lockups (Jail Removal), and Sight and Sound separation.

The Murray County Jail held or processed zero (0) juveniles during the year fiscal year 2021. The findings are as follows:

DSO: No violations of the facility holding status offenders in the jail.

Jail Removal: No violations for the jail removal standard.

Sight and Sound Separation: The facility design and policies allow for proper sight and sound separation.

Murray County does not hold delinquent juveniles in the facility per their policy. 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.

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

Report completed By: Lori Schopf – Detention Facility Inspector

Signature:

