



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:

Nicollet County Jail

Address: 501 S Minnesota Avenue, PO BOX 117, St. Peter, MN 56082

MN Governing Rule: 2911 Local Adult Detention Facilities

Inspection Type: Annual **Inspected By:** Jen Pfeifer – Senior Detention Facility Inspector **Inspected on:** 04/13/2022

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

Officials Present During Inspection: Jail Administrator Joel Polzin

Officials Present for Exit Interview: Jail Administrator Joel Polzin

Issued Inspection Report to: Jail Administrator Joel Polzin; Sheriff Dave Lange; County Administrator Mandy Landkamer; 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	116	6	4	95.24%	Compliance rating of 100%
2911	Essential	102	97	3	2	97.06%	Compliance rating of 90%

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 05/01/2022 **Ends On:** 04/30/2023 **Facility Type:** Jail
Placed on Biennial Status: No **Biennial Status Annual Compliance Form Due On:**
Delinquent Juvenile Hold Approval: 6 hrs **Certificate Holder:** Nicollet County Sheriff's Department
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	34	80	27.20	None.	None.

RULE COMPLIANCE DETAILS

Chapter 2911 - Mandatory Rules Not In Compliance

Total: 6

- 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:

Orientation is not being completed upon intake.

Corrective Actions:

Complete inmate orientation as described in the rule. Inmate shall sign the appropriate paperwork indicating that they have received orientation at the time of intake.

Response Needed By: 07/01/2022

2. 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:

An evacuation drill was not conducted in 2021.

Corrective Actions:

The facility shall complete an emergency evacuation drill each year as required by the rule. The facility shall include local emergency personnel when feasible.

Response Needed By: 10/01/2022

3. 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 Emergency reviews were not completed by all staff.

Corrective Actions:

Ensure that each staff are completing a review of the emergency procedures quarterly. This training shall be documented.

Response Needed By: 08/01/2022

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:

Well-being checks were found to be out of compliance with the 30-minute time frame allowed in the rule. Additionally, well-being checks are still being completed through a viewing port or window in housing units where you are unable to determine the well-being of the inmate through that port. Correctional Officers were also found not to be opening the viewing ports entirely while completing checks and peering through small open areas of the port. Correctional staff were also viewed using the ports to view inmates in the cells when the inmates were actually in the day space and cannot be seen from that viewing area.

Corrective Actions:

Well being checks shall not be completed by the viewing port during the day and when completed at night they viewing port needs to be open and not done by looking through the small space in the port. Officers should be entering the minimum security areas for all well-being checks as they are able to ensure the well-being of the inmates though the window. This was noted in the last inspection and was discussed at length at the time of the inspection. The inspector will complete a 90 day follow-up to ensure compliance with the rule. It is highly recommended that the Jail Administrator or designee create a system of auditing well-being checks to ensure compliance. These audits shall be documented.

Response Needed By: 05/01/2022

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:

Lock inspections are not being completed weekly.

Corrective Actions:

Lock inspections shall be completed weekly and documented for review by the inspector.

Response Needed By: 04/18/2022

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 or signed since January 2021.

Corrective Actions:

Medical policies shall be reviewed and signed off on immediately by the health authority and jail administrator.

Response Needed By: 05/01/2022**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:

A review of training records indicated that not all correctional staff completed the yearly requirement of 16 hours.

Corrective Actions:

It is recommended that the Jail Administrator or designee review training records throughout the calendar year to ensure this requirement is met. A yearly training plan will assist staff in identifying those requirements.

Response Needed By: 12/31/2022

2. 2911.4900 SECURITY INSPECTION.

The facility shall have a written policy and procedure to require the facility administrator or designee to inspect all areas within the security perimeter, and equipment at least monthly and initiate corrective action if needed.

Inspection Findings:

Security inspections are not being completed monthly.

Corrective Actions:

Ensure that security inspections are completed monthly and that these inspections are documented and available for review by the inspector.

Response Needed By: 05/01/2022

3. 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:

The facility does not conduct a monthly security equipment check.

Corrective Actions:

Create a monthly security equipment check to include all security equipment the facility uses, such as restraints, restraint chair, and first aid bag. The security equipment must be inventoried and check for condition. Documentation should be kept for verification purposes. Send documentation to the Department of Corrections of the new monthly security inspection.

Response Needed By: 05/01/2022

Chapter 2911 - Mandatory Rules In Compliance With Concerns

Total: 4

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 facility provided a training plan, however it does not include methods of instruction, description of curriculum and objectives for each training.

Corrective Actions:

Develop a training plan for the remainder of 2022 and submit to the Department of Corrections for review by June 1, 2022.

Response Needed By:

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:

Elements required as of August 1, 2021 resulting from the Hardel Sharell act shall be added to the policy manual.

Corrective Actions:

The facility shall update the policy manual to reflect these changes in legislation. Submit updates policies to the Department of Corrections by October 1, 2022.

Response Needed By:

3. 2911.5300 SEARCHES, SHAKEDOWNS, AND CONTRABAND CONTROL. Subpart 4. Daily inspections.

A facility shall be inspected at least daily for contraband, evidence of breaches in security, and inoperable security equipment, and shall document the inspection.

Inspection Findings:

Daily inspections are not being documented every day.

Corrective Actions:

**Ensure that staff are completing and documenting these inspections daily.
Daily inspections shall be documented in a way so that the inspector is able to determine compliance.**

Response Needed By:

4. 2911.7200 HOUSEKEEPING, SANITATION, AND PLANT MAINTENANCE. Subpart 1. General.

A facility shall have a policy and procedure that provides that the facility shall: A. be kept in good repair to protect the health, comfort, safety, and well-being of inmates and staff; B. document weekly sanitation inspections; and C. document deficiencies from the weekly sanitation inspection, if any, have been ordered.

Inspection Findings:

Sanitation inspections are not being documented weekly.

Corrective Actions:

**Ensure that sanitation inspections are completed weekly and those inspections shall be documented noting any deficiencies.
These inspections shall be made available to the inspector for review when requested.**

Response Needed By:

Chapter 2911 - Essential Rules In Compliance With Concerns**Total: 2****1. 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 has not reported all special incidents as required in the rule.
Inmates who received emergent care outside of the facility have not been reported.

Corrective Actions:

All incidents required by the rule shall be reported via the DOC portal system. The facility shall review all incidents from January 1 2021-to April 2022 and enter those that are required under the definitions in the rule.

Response Needed By:**2. 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:

Fire inspections are being completed approximately twice a month.

Corrective Actions:

**The facility shall complete fire inspections weekly as required.
These inspections shall be documented and made available for the inspector for review.**

Response Needed By:

INSPECTION COMMENTS

Overall, the jail is very clean, well organized and staff appear knowledgeable in their job duties. The jail controls/communication system is antiquated. It is recommended that a new system be put in place before the current system is not repairable. New Cameras were added to address previous concerns regarding blind spots in the jail and around the perimeter. It is recommended that additional cameras be added in hallways where entry doors to the housing units are located.

During the facility tour the inspector noticed there was no way for an inmate to notify staff if there was an emergency. All cells in the facility have audio capabilities, however the audio is on 3 second interval cycles that are routed to master control. This meaning there is a short period of time for an inmate to yell for help and does cause a serious threat to the inmates safety and/or security. Also, while reviewing video of well-being checks the correctional staff do not enter the dayroom areas, which also lessens the chance for communication about any medical emergencies an inmate may be experiencing. Chapter 2911 rules specifically states that custody personnel's primary responsibility is the supervision of inmates. This supervision is to include the health and well-being of inmates in custody.

Well-being check concerns are addressed in additional sections in the report. These concerns shall be addressed immediately. All staff shall be trained in the importance of well-being checks and the procedure for such checks. This training shall be documented and submitted to the Department of Corrections within 45 days of receiving this report. The procedure for completing well-being checks shall be included in the verification of training.

The facility is not ADA compliant, therefore any inmates who would require accommodations shall be transferred to an alternate facility.

The facility will be placed on annual inspections.

JJDPA Compliance

On April 13, 2022, a Juvenile Justice and Delinquency Prevention (JJDP) Act audit was conducted. The facility is authorized to hold a delinquent juvenile up to 6 hours. The three core requirements that are review are Deinstitutionalization of Status Offenders (DSO), Removal of Juveniles for Adult Jail and Adult Lockups (Jail Removal), and Sight and Sound separation.

The findings are as follows: All newly arrested juveniles are transported to an available juvenile detention center. No juveniles are processed at the Nicollet County Jail. The only juveniles that are held are the ones being transported from placement to court. Nicollet County does not use the two secure court holding cells for juveniles awaiting court due to lack of visibility by staff.

DSO: The facility was found to have no violations for this standard.

Jail Removal: The facility was found to have no violation for this standard. The Jail Removal core requirement states that no juvenile shall be held securely in an adult jail for a status offense.

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

Court holding: There are two secure court holding cells at Nicollet County. The cells themselves are kept unlocked but the area is locked and considered secure holding. The facility does not participate in any "Scared straight" programs for any youth that are under public authority.

Based on the documentation reviewed, no violations were found of the JJDP Act during the Nicollet County inspection.

Report completed By: Jen Pfeifer – Senior Detention Facility Inspector

Signature:

