



# 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:

### Northeast Regional Corrections Center (ACF)

**Address:** 6102 Abrahamson Road, Saginaw, MN 55779

**MN Governing Rule:** 2911 Local Adult Detention Facilities

**Inspection Type:** Annual **Inspected By:** Chris Thoma – Detention Facility Inspector

**Inspected on:** 10/06/2020 to 10/19/2020

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

**Officials Present During Inspection:** Director Kathy Lionberger; Staff Supervisor Patrick Krause; Staff Supervisor Katy O'Sullivan; Staff Supervisor Angie Stevens

**Officials Present for Exit Interview:** Director Kathy Lionberger

**Issued Inspection Report to:** Director Kathy Lionberger; Executive Director Wally Kostich; County Administrator Kevin Gray; 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	121	1	4	99.21%	Compliance rating of 100%
2911	Essential	101	99	2	0	98.02%	Compliance rating of 90%

## TERMS OF OPERATION

**Authority to Operate:** conditional approval

**Begins On:** 11/01/2020 **Ends On:** 10/31/2021

**Facility Type:** Adult Correctional Facility

**Placed on Biennial Status:** No

**Biennial Status Annual Compliance Form Due On:**

**Delinquent Juvenile Hold Approval:** no approval

**Certificate Holder:** Arrowhead Regional Corrections

**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
Minimum secure	Male	124	100	124.00	None.	None.
Secure	Male	20	90	18.00	None.	None.

## RULE COMPLIANCE DETAILS

**Chapter 2911 - Mandatory Rules Not In Compliance****Total: 1**

## 1. 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:**

Quarterly reviews of emergency procedures are being conducted but there is no record of emergency drills.

**Corrective Actions:**

**Develop and implement an annual emergency drill schedule that includes all staff on incidents of fire, evacuation, severe weather, and medical.**

**Response Needed By: 04/01/2021****Chapter 2911 - Essential Rules Not In Compliance****Total: 2**

## 1. 2911.2800 ADMINISTRATIVE SEGREGATION. Subpart 4. Policy.

Written policy and procedure shall provide that the status of inmates in administrative segregation is reviewed every seven days. These policies shall provide: A. that the review is documented and placed in the inmate's file; B. that the inmate in administrative segregation receive visits from the facility administrator or designee a minimum of once every seven days as a part of the administrative review process; and C. that the review process that is used to release an inmate from administrative segregation is specified.

**Inspection Findings:**

Administrative reviews of inmates on administrative segregation are not being completed.

**Corrective Actions:**

**This provision is in facility policy. Establish a procedure to track and complete administrative reviews every 7 days.**

**Response Needed By: 04/01/2021**

## 2. 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:**

Provision E. of this subpart is not being completed.

**Corrective Actions:**

**Facility policy provides for this requirement. Establish a procedure for Administrative review of inmates consistent with this subpart.**

**Response Needed By: 04/01/2021****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:**

Policy has not been completely updated. The NERCC facility is transitioning to the Lexipol platform. Administration is making steady progress toward compliance. This inspector receives weekly policy updates from Administration.

**Corrective Actions:**

**Continue to review and update policy. Provide a complete, updated policy to the inspection and enforcement unit by April 1, 2021.**

**Response Needed By:****2. 2911.5550 LOCKS AND KEYS. Subpart 2. Lock policy.**

A facility shall have a written policy and procedure that requires that all security perimeter entrances, control center doors, and housing unit doors are kept locked, except when used for admission or exit of employees, inmates, or visitors, and in an emergency. A facility equipped with a sally port shall ensure that only one of the doors of a sally port is opened at any point in time for entry or exit purposes.

**Inspection Findings:**

The alarms on the perimeter exit doors in the cafeteria area are in working order and tested but the alarm, when opened, is not loud enough to be heard at the officer work station in the adjoining room.

**Corrective Actions:**

**Increase the alarm volume or implement another notification mechanism to ensure staff are aware when a perimeter door is opened.**

**Response Needed By:****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:**

Weekly lock inspections are being completed and documented. Documentation shows the physical check of the lock but not the electronic operation.

**Corrective Actions:**

**Update the weekly lock check form to include the electronic testing of these doors.**

**Response Needed By:****4. 2911.6500 STORAGE. Subpart 2. Refrigeration.**

Medication requiring refrigeration shall be refrigerated and secured and the temperature checked daily. There must be separate refrigeration for medications only.

**Inspection Findings:**

The facility has a dedicated medication refrigerator and the Nurse checks the temperature Monday through Friday. Weekend checks are not being completed.

**Corrective Actions:**

**Establish a procedure to have staff check the medication refrigerator temperature on the weekends.**

**Response Needed By:**

**INSPECTION COMMENTS****1. Physical Plant:**

The main building was found to be well maintained and clean. The HVAC problems in the kitchen, noted in the last inspection, have been corrected.

Bids have been received to fix the education building roof as it continues to have issues. Plans for a new processing house have been developed, and bids are due in October 2020. Ensure all construction plans are reviewed by the DOC for approval.

The Grainary building shows a significant amount of exterior deterioration.

**2. Operations:****Training-**

The Training Officer keeps excellent documentation of training records and has added diversity training to the facility training plan.

**Programs-**

The programs available to inmates at N.E.R.C.C. far exceed expectations. Inmates are given the opportunity to attend basic programming on religious, educational, addiction, and recreation topics but also have in-depth programs including domestic abuse, cognitive skills, adult basic education including GED, and a new program for sex offender treatment. The religious programming includes Native American smudging, pipes, and sweat lodge.

**Policy-**

The facility is transitioning to Lexipol. This has proved to be a lengthy and time consuming project. Policies are sent out for staff review as they are completed but most of the manual is still outdated. This transition should be completed by April 1, 2021.

**Well-being Checks-**

A random selection of well-being checks in both the secure and nonsecure areas of the facility showed checks to be in compliance with the rule. Staff should be encouraged to slow their pace even more in the secure area of the facility.

A variance for one hour well-being checks on inmates working in the gardening, farming, and ground maintenance crews is in place.

The facility will remain on annual inspections.

**JJDPA Compliance**

On October 6, 2020 a Juvenile Justice and Delinquency Prevention Act audit was conducted. The Northeast Regional Corrections Center has no approval to hold delinquent juveniles.

According to facility records N.E.R.C.C. held or processed 0 (zero) juveniles between October 1, 2020 and the day of inspection.

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

Jail Removal: Juveniles are not brought to N.E.R.C.C. unless certified as adults.

Sight and Sound Separation: The facility houses no delinquent juveniles.

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

Based on these facts and documentation that I reviewed, I did not find any violations of the JJDP act during the N.E.R.C.C. inspection.

**Report completed By:** Chris Thoma – Detention Facility Inspector

**Signature:**



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