



# 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:

### Otter Tail County Jail

**Address:** 416 S Mill Street, Fergus Falls, MN 56537

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

**Inspection Type:** Annual **Inspected By:** Troy Okerlund – Detention Facility Inspector **Inspected on:** 11/18/2021

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

**Officials Present During Inspection:** Jail Administrator Beth Carlson

**Officials Present for Exit Interview:** Jail Administrator Beth Carlson

**Issued Inspection Report to:** Jail Administrator Beth Carlson; Sheriff Barry Fitzgibbons; County Administrator Nichole Hansen; Regional Manager Jacob McLellan

## 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	127	121	6	0	95.28%	Compliance rating of 100%
2911	Essential	100	98	1	1	99.00%	Compliance rating of 90%

## TERMS OF OPERATION

**Authority to Operate:** conditional approval **Begins On:** 01/01/2022 **Ends On:** 12/31/2022 **Facility Type:** Jail

**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:** Otter Tail 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	111	90	99.90	None.	None.

## RULE COMPLIANCE DETAILS

### Chapter 2911 - Mandatory Rules Not In Compliance

**Total: 6**

- 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:**

While reviewing the policy and procedure, inspector found outdated or unnecessary policy's. Per Minnesota rule this policy should be reviewed yearly and updated as needed. One example would be the policy and procedure that governs inmate workers in the kitchen and sharp tool inventory. During the inspection it was learned that inmate labor is no longer used in the kitchen and being the kitchen is outside of the secure facility, sharps are no longer inventory but are required to by the existing policy.

**Corrective Actions:**

**Staff must do a comprehensive review of the existing policy. Policies should be modified, removed, or added as necessary. Once this is complete all staff must sign off that they have reviewed and understand the policies.**

**Response Needed By: 04/29/2022**

2. 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:**

Mental health screening assessment form is not consistent with what is required under state statute 641.15 PRISONERS; FEEDING; CARE. Subd. 3a. Intake procedure; approved mental health screening. Under the medical screening admission form some inmates were found to have incomplete forms. Staff used "NA" to answer necessary and required questions.

**Corrective Actions:**

**The facility shall correct the medical screen policy and procedure manual to require that all admissions into the facility receive the initial medical screen in accordance with the rule requirements. Proper mental health screening must include inquiry into items A. (1-6) and B. (1-2) specified in the rule. Once new policies and procedures have been approved by the DOC, all staff shall be trained on the new policy and procedures.**

**Response Needed By: 04/29/2022**

3. 2911.2750 INMATE HYGIENE. Subpart 1. Personal hygiene.

The facility administrator or designee shall have and implement a written policy for personal hygiene practices of all inmates to include special assistance for those inmates who are unable to care for themselves. A written policy and procedure shall require that articles needed for personal hygiene are available to all inmates, and include at a minimum, the following: A. soap; B. toothbrush; C. toothpaste; D. shampoo; E. shaving equipment; F. materials essential to feminine hygiene; G. comb; and H. toilet paper.

**Inspection Findings:**

The rule requires specific hygiene items be provided to inmates. The inspector found that the policy identifies most of the hygiene items but leaves the item Shampoo out. It's stated in policy "The Jail Administrator or the authorized designee may modify this list to accommodate the use of liquid soap and shampoo dispensers," however the rule requires that shampoo be made available to inmates.

**Corrective Actions:**

**Shampoo must be provided to inmates. If a like item is to be used it's best practice to confirm with the DOC inspector that a similar product would meet the rule requirements if staff has any doubts.**

**Response Needed By: 04/29/2022**

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:**

While reviewing wellness checks in a dormitory setting it appeared that checks were at a pace that was too fast to be regarded as a well-being check, specifically there was an inmate in the back corner who was briefly glanced at. It was later learned that the inmate in the back corner being checked on snores loudly (indicating signs of life). The camera system does not provide audio. During a recent death review 11-3-21, it was found that wellness checks were not in compliance, specifically the quality of wellness checks. Additionally while facility inspectors were reviewing Wellness checks in regard to a recent special incident it was found that multiple Wellness were not performed within a 30 minute time span.

**Corrective Actions:**

**Quality of wellness checks has been noted as non-compliant in past inspections and recently the facility was required to submit a corrective action plan in regard to wellness checks. It is recommended that the facility produce their own training video showing current and newly hired staff what acceptable wellness checks look like while also addressing that staff complete proper well-being checks in a timely manner. Proper well-being checks need to be within 30 minutes of each other and staggered in time and route. The Jail Administrator or designee should review staffs' well-being checks by video and jail logs on a regular basis to monitor and correct any areas of deficient well-being checks.**

**Response Needed By: 04/29/2022**

5. 2911.5450 DANGEROUS MATERIALS.

A facility shall have a written policy and procedure that specifies that materials dangerous to either security or safety shall be properly secured. Storage and use of flammable, toxic, and caustic materials must be in accordance with all applicable laws and regulations of governing jurisdictions. The policy must cover control and use of tools and culinary and medical equipment.

**Inspection Findings:**

Large quantities of detergent (institutional laundry detergent) are stored in the laundry room. A single spray bottle of upholstery cleaner was found in the garage. Staff stated it was not part of routine jail operation and was inadvertently left behind in the garage. It was noted as having a health hazard of serious eye damage/eye irritation. This product with this hazard can be safely used if proper storage and handling practices are followed.

**Corrective Actions:**

**If inmates are having contact with hazardous chemicals, they should be trained on proper storage and handling practices. Additionally, inmates should be provided with all necessary protective equipment such as eye protection when coming into direct contact with the chemical. It is recommended that the jail remove the large quantity of laundry chemicals available to inmates or devise a system that secures the chemicals in place and no longer gives the inmates easy access to chemical contents.**

**Response Needed By: 04/29/2022**

6. 2911.6800 CONTROL. Subpart 1. Records.

Records of receipt, the quantity of the drugs, and the disposition of all prescription medications shall be maintained in detail to enable an accurate accounting.

**Inspection Findings:**

Medication accounting could not be verified during the inspection. Date, time, and quantity could not be accounted for.

**Corrective Actions:**

**The quantity of the drugs, and the disposition of all prescription medications shall be maintained in detail to enable an accurate accounting.**

**Response Needed By: 04/29/2022**

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

1. 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:**

The post orders for the facility should be reviewed annually and signed off on.

**Corrective Actions:**

**It is recommended to review the post orders to confirm they meet the current required duties for each post. Have staff review the post orders once they are completed or if no changes are made it must be signed off annually at a minimum.**

**Response Needed By:**

**Chapter 2911 - Essential Rules In Compliance With Concerns****Total: 1**

1. 2911.1600 DESIGNATED TRAINING OFFICER.

A facility shall have a designated training officer responsible for: A. maintenance of training plans as required in part 2911.1000; B. maintenance of training records in sufficient detail to allow inspector assessment of compliance with parts 2911.1100 to 2911.1700; and C. documentation of waivers of training requirements based on equivalent training received before employment or demonstrated competency through proficiency testing.

**Inspection Findings:**

Reviewing training records for individuals was not easy to navigate. Inspectors were able to validate staff members training, however the current system requires a lot of cross referencing.

**Corrective Actions:**

**It is recommended that the facility come up with a more succinct way of identifying compliance for individual staff members in sufficient and easily accessible detail to allow inspectors to be able to assess compliance with parts 2911.1100 to 2911.1700.**

**Response Needed By:**

## INSPECTION COMMENTS

Well-being checks: According to the logs provided by the facility and review of video documentation, well-being checks were found to be completed beyond the 30-minute time frame required by the rule. In addition, some checks were conducted too hastily to recognize the well-being of the inmate in the cell or determine signs of life. The Otter Tail County Jail has had a recent history of documented non-complaint well-being checks. Department inspectors required a corrective action plan in February 2021, September 2021, and as a result of the non-complaint well-being checks found during the inspection will be subject to a 3rd corrective action plan in 2021. The facility must develop a system of auditing well-being checks to determine whether staff follow the requirements in the rule and follow-up with staff who are not in compliance with the standard.

Policy and procedure: It was found that Otter Tail County has policies that are no longer in effect (kitchen policies) or are not conforming to other policies such as medical policies that are not consistent with contracted services providers (Mend). Otter Tail County will need to conduct an extensive and all-encompassing policy review and update.

Physical plant: The jail was built in 1987 and is reflective of jails built in that time period. The medical space is used for medical evaluations, storage, and officing medical staff. Medical staff need to move a heavy exam table just to access regularly needed files. The Master Control Center is antiquated and there is an overall lack of storage space and program space for the facility. Even with multiple housing units, special management cells are at a minimum. The jail is showing overall wear for its age and it is recommended to plan for the future needs of this facility and the public safety needs of the community.

Based on the overall inspection rating, the Otter Tail County Jail will be moved to an annual inspection status.

## JJDPA Compliance

On November 18th, 2021, a Juvenile Justice and Delinquency Prevention Act audit was conducted. The Otter Tail County Jail has received a "Rural Exception" to the Juvenile Justice and Delinquency Prevention Act (JJDP). This allows the facility to hold a delinquent juvenile up to 24 hours, excluding weekends and holiday. .

According to the DOC Portal, the Otter Tail County Jail held or processed zero (0) juveniles during the time frame from the beginning of the current Federal fiscal year October 1, 2021 to the day of inspection. The findings are as follows:

Sight and Sound Separation: The facility design allow for proper sight and sound separation in the booking area. This includes the route taken to Court Holding. The court schedule also indicate proper sight and sound separation are maintained.

No JJDP violations were identified during the Otter Tail County inspection.

Report completed By: Troy Okerlund – Detention Facility Inspector

Signature: \_\_\_\_\_

